



Hill Laboratories

TRIED, TESTED AND TRUSTED

ANALYSIS REQUEST

R J Hill Laboratories Limited
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Office use only
(Job No)

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E mail@hill-labs.co.nz
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Quote No _____

Primary Contact _____

Submitted By _____

Client Name _____

Address _____

Postcode _____

Phone _____ *Mobile* _____

Email _____

Charge To _____

Client Reference _____

Order No _____

Results To *Reports will be emailed to Primary Contact by default. Additional Reports will be sent as specified below.*

- Email Primary Contact Email Submitter Email Client
 Email Other _____
 Other _____

CHAIN OF CUSTODY RECORD

Sent to Hill Laboratories *Date & Time:* _____

Name: _____

Tick if you require COC to be emailed back *Signature:* _____

Received at Hill Laboratories *Date & Time:* _____

Name: _____

Signature: _____

Condition *Temp:* _____

- Room Temp Chilled Frozen

Sample and Analysis details checked

Signature: _____

Priority Low Normal High

Urgent (ASAP, extra charge applies, please contact lab first)

Requested Reporting Date: _____

ADDITIONAL INFORMATION / KNOWN HAZARDS

MICROBIOLOGICAL TESTING

No.	Sample Name	Sample Type	Sample Date	Sample Time	Tests Required
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					