

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 _____

Contact Supplied Information

Job No _____ Site _____

Date Sampled _____ Sampled By _____

ADDITIONAL INFORMATION

ANALYSIS REQUEST

R J Hill Laboratories Limited
Ground Floor, 28 Heather Street
Parnell
Auckland 1052, New Zealand

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T +64 7 858 2000
E mail@hill-labs.co.nz
W www.hill-laboratories.com

Office use only
(Job No)

CHAIN OF CUSTODY RECORD

Sent to Hill Laboratories	Date & Time: _____
	Name: _____
<input type="checkbox"/> Tick if you require COC to be emailed back	Signature: _____
Received at Hill Laboratories	Date & Time: _____
	Name: _____
	Signature: _____

Asbestos Testing

No.	Sample Name / Location	Cowl No.	Start Time (HH:MM)	Start Flow Rate (L/min)	End Time (HH:MM)	End Flow Rate (L/min)	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							