

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

T **0508 HILL LAB** (44 555 22)
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: _____

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							