



ANALYSIS REQUEST

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Client

Name _____

Address _____

Postcode _____

Phone _____ Email _____

Client Reference _____

Additional Client Ref _____

Quote No _____ Order No _____

Primary Contact

Submitted By

Charge To

Reporting Reports will be emailed to the Primary Contact by default.
Additional Reports will be sent as specified below

Email Primary Contact Email Client Email Submitter

Email Other/s: _____

Office use only: Job No: _____

CHAIN OF CUSTODY RECORD

Sent to Hill Laboratories Date & Time: _____
 Please tick if you require COC to be sent back Name: _____
Signature: _____

Received at Hill Laboratories Date & Time: _____
Name: _____
Signature: _____

Condition Temp: _____
 Room Temp Chilled Frozen
 Sample and Analysis details checked
Signature: _____

Priority (Select only one)

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

ADDITIONAL INFORMATION

SUBMISSION FORM: WINE EXPORT CERTIFICATION

Please indicate the Countries required for each sample with a ✓

No.	Sample Details	Sorbic Only	EU	Brazil	Japan	Other
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						