



ANALYSIS REQUEST

R J Hill Laboratories Limited
 1 Clyde Street, Hamilton 3216
 Private Bag 3205
 Hamilton 3240, New Zealand

Office use only
(Job No)

T 0508 HILL LAB (44 555 22)
T +64 7 858 2000
E mail@hill-labs.co.nz
W www.hill-laboratories.com

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

No.	Sample Name	Sample Date	Sample Time	Sample Type	Tests Required (if not as per Quote)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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No.	Sample Name	Sample Date	Sample Time	Sample Type	Tests Required (if not as per Quote)
13					
14					
15					
16					
17					
18					
19					
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21					
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23					
24					
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