



**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 \_\_\_\_\_

## ANALYSIS REQUEST

R J Hill Laboratories Limited  
 221A Ellis Street Frankton  
 Hamilton 3204  
 Private Bag 3205  
 Hamilton 3240, New Zealand

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

**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:* \_\_\_\_\_

**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

## GENERAL SUBMISSION FORM

No.	Sample Name	Sample Date and Time	Tests Required
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			