

Quote No	Ground Floor, 28 Heather Parnell		
Primary Contact	Auckland 1052, New Zea	Office use offiy	
Submitted By	% <b>0508 HILL LAB</b> (44 5		
Client Name	mail@hill-labs.co.nz		
Address	www.hill-labs.co.nz		
Postcode	CHAIN O	F CUSTODY RECORD	
Phone Mobile	Sent to	Date & Time:	
Email	Hill Laboratories	Name:	
Charge To	Tick if you require COC to be emailed back	Signature:	
Client Reference	Samples will be processed at a Hill Labs site with the appropriate testing capability and capacity. Please inform the lab if you wish samples to be		
Order No	retained and analysed at		
Results To Reports will be emailed to Primary Contact by default.  Additional Reports will be sent as specified below.	Received at Hill Laboratories	Date & Time:	
☑ Email Primary Contact ☐ Email Submitter ☐ Email Client	Tim Euboratories	Name:	
☐ Email Other		Signature:	
Other		<u></u>	
ADDITIONAL INFORMATION	Priority □ Lov		
ABBITIONAL INI OHIMATION	☐ <b>Urgent</b> (ASAP, extra charge applies, please contact lab fire Requested Reporting Date:		
	Please ensure all asbestos samples are individually double bagged upon submission to the laboratory.		
Sample	Sample Sample	Tosts Poquirod	

**ANALYSIS REQUEST** 

Sample Sample Sample Tests Required No. Sample Name Type Location Date/ Time (if not as per Quote) 1 2 3 4 5 6 7 8 9 10 11 12 13

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No.	Sample Name	Sample Material	Sample Location	Sample Date	Tests Required (if not as per Quote)
14					
15					
16					
17					
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