ANALYSIS REQUEST

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Office use only
(Job No)

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*

ADDITIONAL INFORMATION / KNOWN HAZARDS

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 ☐ *Room Temp* ☐ *Chilled* ☐ *Frozen* Temp:

☐ *Sample and Analysis details checked*
Signature:

Priority ☐ **Low** ☐ **Normal** ☐ **High**
☐ **Urgent** (ASAP, extra charge applies, please contact lab first)

Requested Reporting Date:

Grape Leaf and Cane Testing for GLRaV 1, 2 and 3

Please Note: Seasons for accepting samples are: leaves: late Feb-May, Canes: late June-late August. Season may end early depending on samples numbers.
Please note: We need minimum sample numbers for a GLRaV suite, please enquire to fnb.csm@hill-labs.co.nz.

No.	Sample Name	Block	Bay	Row	GLRaV 3	GLRaV Suite (1,2 & 3)	Other (Please specify)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

No.	Sample Name	Block	Bay	Row	GLRaV 3	GLRaV Suite (1,2 & 3)	Other (Please specify)
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
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39							
40							
41							

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