



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  
 28 Duke Street, Hamilton 3204  
 Private Bag 3205, Hamilton 3240  
 New Zealand

**Office use only  
(Job No)**

- ☎ **0508 HILL LAB** (44 555 22)  
 ☎ +64 7 858 2000  
 ✉ mail@hill-labs.co.nz  
 🌐 www.hill-labs.co.nz

## 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**     Normal

**ADDITIONAL INFORMATION / KNOWN HAZARDS**

## MICROBIOLOGICAL TESTING

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