ANALYSIS REQUEST & CHAIN OF CUSTODY RECORD

Hill Labs

Place Sample Barcode Here

R J Hill Laboratories Limited
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Hamilton 3240, New Zealand

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+64 7 858 2000
mail@hill-labs.co.nz
hill-labs.co.nz

Laboratory Office Use Only
(Job Nr)

DONOR INFORMATION

Surname:

First Name:

DOB: **Gender:** M F Other Unknown

ID Type/No: Driver's Licence No:
Other

Reason: Pre-Employment, Reasonable Cause, Deployment, Return to Work, Post Incident, Re-test, Secondary Screen, Other, Random, Voluntary, Random Rehab

REQUESTING AUTHORITY

Client ID/Referral:

Client Code/No:

Branch Code:

Quote Number:

Test Type: Urine

POCT Confirmations
Extended Panel (30 drugs)
Full Panel (45 drugs)
Standard Panel (22 drugs)
NPS Panel (15 drugs)
Urine Alcohol (ETG)

SAMPLE COLLECTION DETAILS

Date: / / Time: Urine Temp: 33 34 35 36 37 38 °C Adulteration: Pass / Fail Cr Value:

Comments:

AMP **BZO** **COC** **OXY** **MAMP** **OPI** **THC** **SYNCAN (NPS)**

DONOR MEDICATION

You are formally advised that the specimen provided by you will be subsequently analysed for a range of illicit drug(s), prescribed drugs, over the counter medications and/or designer drugs by Hill Laboratories.

I declare taking the following medication (prescription or non-prescription):

COLLECTION DETAILS

I certify the Donor's identification has been verified and that the specimen identified on this form is that provided to me by the Donor providing the certification above. The specimen(s) bear the same identification as set out above and has been collected, screened, divided, labelled and sealed in compliance with the relevant Australian / New Zealand Standard. I hereby declare that I am certified to perform Workplace Drug and Alcohol Collection / Testing.

Collector Name: Collector Signature:

DONOR CONSENT AND DECLARATION

I have been advised / requested that my specimen will be separated into separate containers marked accordingly. The containers will be labelled and sealed in my presence and delivered to Hill Laboratories for further analysis in accordance with the AS/NZS 4308:2008 or AS/NZS 4760:2019 Standards.

I certify the specimens accompanying this form are my own and have been provided by me to the Collector. Further, I certify that the containers were sealed with tamper evident seals in my presence and the information provided on this form and on the labels is true and correct.

I authorise the release of the results of this testing to my employer / prospective employer / employer's authorised personnel and any client / customer of my employer / prospective employer who may legally request that such results be provided to them.

I consent to the analysis of my sample as stated in test type above.

Donor Signature: Date: / /

CHAIN OF CUSTODY (Laboratory Use Only)

	Name	Signature	Seals Intact	Date	Time
Sample Received By:			YES / NO		
Sample Received By:			YES / NO		
Sample Received By:			YES / NO		

COMMENTS

KB Item: 53405 v3