**ANALYSIS REQUEST FORM – DRUGS OF ABUSE**Methamphetamine & Precursors Swab Analysis

|  |  |
| --- | --- |
| **COMPANY DETAILS (To Appear on Report)** | **PRIORITY & INSTRUCTIONS** |
| **Company Name** | *Required* | **COMMENTS/SPECIAL INSTRUCTIONS** |
| **Address** | *Required* |
| **Phone** | *Required* |
| **E-mail** | *Required for results* | **PRIORITY STATUS** |
| **Contact Person** | *Required* | [ ] **URGENT**Same Day Results(Conditions Apply, See Footnote) \* | [ ] **NORMAL**Next Day Results |
| **Reference**Max 15 characters | *Required* | **Purchase Order #**Max 15 characters |  |
| **Office Use Only** |
| ***Laboratory ID Number*** | ***Date Received*** | ***Received By*** | ***Report Sent*** | ***Invoice Sent*** |
| **SAMPLE INFORMATION** |
| **Site ID or Address** |  | **Sampler** |  |
| **Tube #** | **Sample Reference, Room, Date & Time****Please include any details you wish to have included on the test report, at least two pieces of information should match the information on the corresponding sample tube** | **Sample Type****(🗸)** | **Number of Swabs** **(Field Composite Only)** | **Analysis Required****(🗸)** |
| **Discrete** | **Field Composite** | **Individual** | **Lab Composite****(Please indicate groups)** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |

\*Urgent samples for same day reporting must be received before 9am. Please contact Analytica in advance to confirm booking. Write “URGENT” on courier bag/box. A $25 +GST/sample fee applies.
By submitting samples you agree to our [Terms and Conditions](https://www.analytica.co.nz/about-us/terms-and-conditions/).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tube #** | **Sample Reference, Room, Date & Time****Please include any details you wish to have included on the test report, at least two pieces of information should match the information on the corresponding sample tube** | **Sample Type****(🗸)** | **Number of Swabs** **(Field Composite Only)** | **Analysis Required****(🗸)** |
| **Discrete** | **Field Composite** | **Individual** | **Lab Composite****(Please indicate groups)** |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |

\*Urgent samples for same day reporting must be received before 9am. Please contact Analytica in advance to confirm booking. Write “URGENT” on courier bag/box. A $25 +GST/sample fee applies.