

## ANALYSIS REQUEST FORM

Client Information				Chain Of Custody Record		
<b>Name</b>	Required			<b>Date Sent</b>	<b>Person Sending</b>	
<b>Address</b>	Required			<b>Comments</b>		
<b>Phone</b>	Required					
<b>E-mail</b>	Required					
<b>Contact Person</b>	Required					
<b>Client Reference</b>				<b>Laboratory ID Number</b>		
<b>Quote #</b>		<b>Purchase Order #</b>				
<b>Submitter (if not Client)</b>				<b>Date Received</b>	<b>Received By</b>	<b>Condition</b>
<b>Submitter E-mail</b>				<b>Reported</b>	<b>Invoiced</b>	<b>Sent to Client</b>

Sample Identification		Sample Type For Analysis	
#	Your Sample Identification	Sample Type (Milk, Detergent, Teat sprays Etc.)	Test Required
1			
2			
3			
4			
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10			
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12			

Samples will be retained for a maximum of 4 weeks following testing. For more information visit [www.analytica.co.nz](http://www.analytica.co.nz) or telephone 07 974 4740. By submitting samples, you agree to our [Terms and Conditions](#)

Sample Identification		Sample Type for Analysis	
#	Your Sample Identification	Sample Type (Milk, Detergent, Teat sprays Etc.)	Test Required
13			
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