



ANALYSIS REQUEST FORM

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

Sample Identification		Sample Type For Analysis	
#	Your Sample Identification	Sample Type (Milk, Detergent, Teat sprays Etc.)	Test Required
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

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

Analytica Laboratories

Site A, 10 Bisley Road,
Ruakura, Hamilton, New Zealand
T +64 7 974 4740
ALSFood.Hamilton@alsglobal.com



Sample Identification		Sample Type for Analysis	
#	Your Sample Identification	Sample Type (Milk, Detergent, Teat sprays Etc.)	Test Required
13			
14			
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17			
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