



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			Laboratory ID Number	
Quote #	Purchase Order #			
Submitter (if not Client)			Date Received	Received By
Submitter E-mail			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			
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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](#)



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