## **Analytica Laboratories**

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## **ANALYSIS REQUEST FORM - DRUGS OF ABUSE**

Methamphetamine & Precursors Swab Analysis

COMPANY DETAILS (To Appear on Report)					PRIORITY & INSTRUCTIONS								
Compan Name	Requir	red		COMMENTS/SPECIAL INSTRUCTIONS									
Address	Requir												
Phone	e Requir												
E-mai	E-mail Required for results					PRIORITY STATUS							
Contac Persor	Required				URGENT NORM					] MAL			
Referen Max 15 charac		red	Purchase Order # Max 15 characters		Same Day Results (Conditions Apply, See Footnote)*			Next Day Results					
Office Use		D.1. D	·		D 1 C		ı	1					
Laboratory ID Date Receive Number			ived R	Received By	Report Sent			Invoice Sent					
		S	AMPL	E INFOR	MATIO	V							
Site ID o					Sampler								
				Sample Type (🗸)		Nun (Field	Analysis Required (√)						
Tube #	Please in report	ample Refe clude any det , at least two p information or	d on the test match the	Discrete	Field Composite	Number of Swabs (Field Composite Only)	Individual	Lab Composite (Please indicate groups)					
1													
2													
3													
4													
5													
6													
7													

<sup>\*</sup>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 <u>Terms and Conditions</u>.

Tube #		Sample Type (')		Num (Field C	Analysis Required (√)	
	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	Discrete	Field Composite	Number of Swabs (Field Composite Only)	Individual	Lab Composite (Please indicate groups)
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<sup>\*</sup>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.