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

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| **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 |  | | | | | | | | | |  |  |  | |  |  |
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| 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/).

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| **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 |  |  |  |  |  |  |
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