

ANALYSIS REQUEST FORM - DRUGS OF ABUSE

Heavy Metals Ghost Wipe Analysis

COMPANY DETAILS (To Appear on Report)		PRIORITY & INSTRUCTIONS	
Company Name		COMMENTS/SPECIAL INSTRUCTIONS	
Address			
Phone		Additional Report Options:	Include CSV Report ☐
E-mail		Office Use Only Laboratory ID Number	
Contact Person			
Reference Max 15 characters		Date Received	Received By
Purchase Order # Max 15 characters		Reported	Invoiced

SAMPLE INFORMATION		HEAVY METALS											
		Please indicate elements required											
Tube #	Sample Reference (To Appear on Report) e.g. Site ID, Room, Date, Time, Sampler	Lead (Pb)	Lithium (Li)	Mercury (Hg)	Phosphorous (P)	Arsenic (As)	Boron (B)	Beryllium (Be)	Cadmium (Cd)	Chromium (Cr)	Copper (Cu)	Nickel (Ni)	Zinc (Zn)
1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

*For urgent testing, please contact Analytica in advance. Urgent testing fee applies. For enquiries visit www.analytica.co.nz or telephone 07 974 4740. By submitting samples you agree to our [Terms and Conditions](#).

SAMPLE INFORMATION		HEAVY METALS											
		Please indicate elements required											
Tube #	Sample Reference (To Appear on Report) e.g. Site ID, Room, Date, Time, Sampler	Lead (Pb)	Lithium (Li)	Mercury (Hg)	Phosphorous (P)	Arsenic (As)	Boron (B)	Beryllium (Be)	Cadmium (Cd)	Chromium (Cr)	Copper (Cu)	Nickel (Ni)	Zinc (Zn)
11		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
12		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
13		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
14		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
15		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
16		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
17		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
29		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
31		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
32		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
33		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
34		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
35		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
36		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

*For urgent testing, please contact Analytica in advance. Urgent testing fee applies. For enquiries visit www.analytica.co.nz or telephone 07 974 4740. By submitting samples you agree to our [Terms and Conditions](#).