

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

**Methamphetamine & Precursors Sample Analysis** 

COMPANY DETAILS (To Appear on Report)							PRIORITY & INSTRUCTIONS		
Company Name							COMMENTS/SPECIAL INSTRUCTIONS		
Addr							Additional Report	Include CSV Report	
							Options:		
Phone							PRIORITY STATUS		
E-mail									
Contact Person							URGENT Same Day Results (Conditions Apply)*	NORMAL Next Day Results	
Reference Max 15 characters							Office Use Only Laboratory ID Number		
Purchase Order # Max 15 characters							-		
Please		Soft Furnishing / Material (mg/kg)	Dust (µg/sample) □	Soil (µg/sample) □	Water (µg/sample) □	Paint flakes (µg/sample	Date Received Reported	Received By Invoiced	
	SAMPLE INFORMATION Please include any details you wish to have included on the test report								
Site ID or Address		ricuse include any details you wish to have include					Sampler		
Tube #		Sample Reference, Room/Sample Location, Date & Time							
1									
2									
3									
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5									
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9									
10									

\*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 \$20 +GST/sample fee applies.

For enquiries visit <u>www.analytica.co.nz</u> or telephone 07 974 4740



Tube #	Sample Reference, Room/Sample Location, Date & Time
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