



ANALYSIS REQUEST FORM - DRUGS OF ABUSE

Heavy Metals Ghost Wipe Analysis

COMPANY DETAILS (To Appear on Report)		PRIORITY & INSTRUCTIONS	
Company Name	Required	COMMENTS/SPECIAL INSTRUCTIONS	
Address	Required		
Phone	Required		
E-mail	Required	Additional Report Options:	Include CSV Report ☐
Contact Person		Office Use Only Laboratory ID Number	
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		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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8		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Analytica Laboratories

Site A, 10 Bisley Road,
Ruakura, Hamilton, New Zealand
T +64 7 974 4740
ALSFood.Hamilton@alsglobal.com



*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](#).

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11		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
12		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
13		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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16		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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18		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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22		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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29		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
31		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
32		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
33		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
34		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
35		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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36		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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