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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	Requii	Required											
Phone	e Requir	red											
E-mai	R equii	red for results	PRIORITY STATUS										
Contac Persor	Realli	red	URGENT NORMAL										
Referen Max 15 charac		red	Same Day Results Next Day (Conditions Apply, See Results Footnote) *										
Consider Con			Report Sent Invoice Sent										
		S	AMPL	E INFOR	MATIO	V							
Site ID (Sampler								
						Ту	nple pe ′)	Nun (Field		nalysis quired (✓)			
Tube #	Please in report	Sample Reference, Room, Date & Ti Please include any details you wish to have included report, at least two pieces of information should m information on the corresponding sample tul				Discrete	Field Composite	Number of Swabs (Field Composite Only)	Individual	Lab Composite (Please indicate groups)			
1													
2													
3													
4													
5													
6													
7													

^{*}Urgent samples for same day reporting must be received before 9am. Please contact Analytica in advance to confirm the 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>.

		Sample Type ('/)		Num (Field C	Analysis Required (√)	
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	Discrete	Field Composite	Number of Swabs (Field Composite Only)	Individual	Lab Composite (Please indicate groups)
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