

ANALYSIS REQUEST FORM

| Client Information | | | | Chain Of Custody Record | | |
|---------------------------|--|------------------|--|-------------------------|----------------|----------------|
| Name | | | | Date Sent To Analytica | Person Sending | |
| Address | | | | Comments | | |
| Phone | | | | | | |
| E-mail | | | | | | |
| Contact Person | | | | | | |
| Client Reference | | | | Laboratory ID Number | | |
| Quote # | | Purchase Order # | | | | |
| Submitter (if not Client) | | | | Date Received | Received By | Condition |
| Submitter E-mail | | | | Reported | Invoiced | Sent to Client |

| Sample Identification | | Sample Type For Analysis | |
|-----------------------|----------------------------|----------------------------------------------------|---------------|
| # | Your Sample Identification | Sample Type (Milk, Detergent, Teat sprays Etc.) | Test Required |
| 1 | | | |
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Samples will be retained for a maximum of 4 weeks following testing. For more information visit www.analytica.co.nz or telephone 07 974 4740.
 By submitting samples you agree to our [Terms and Conditions](#)

| Sample Identification | | Sample Type For Analysis | |
|-----------------------|----------------------------|----------------------------------------------------|---------------|
| # | Your Sample Identification | Sample Type (Milk, Detergent, Teat sprays Etc.) | Test Required |
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