



# ANALYSIS REQUEST

R J Hill Laboratories Limited  
 Grovetown Park SH1, Blenheim  
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**Office use only**  
**(Job No)**

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Quote No \_\_\_\_\_

Primary Contact \_\_\_\_\_

Submitted By \_\_\_\_\_

Client Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Charge To \_\_\_\_\_

Client Reference \_\_\_\_\_

Order No \_\_\_\_\_

**Results To** *Reports will be emailed to Primary Contact by default.  
 Additional Reports will be sent as specified below.*

- Email Primary Contact     Email Submitter     Email Client  
 Email Other \_\_\_\_\_  
 Other \_\_\_\_\_

## CHAIN OF CUSTODY RECORD

**Sent to Hill Laboratories**    Date & Time: \_\_\_\_\_

Name: \_\_\_\_\_

Tick if you require COC to be emailed back

Signature: \_\_\_\_\_

**Received at Hill Laboratories**

Date & Time: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Condition**

- Room Temp     Chilled     Frozen

Temp: \_\_\_\_\_

Sample and Analysis details checked

Signature: \_\_\_\_\_

**Priority**

Normal

**Urgent** (ASAP, extra charge applies, please contact lab first)

Requested Reporting Date: \_\_\_\_\_

## ADDITIONAL INFORMATION / KNOWN HAZARDS

## Beer, Cider, Kombucha and Spirits ANALYSIS

Please indicate the Tests required for each sample with a ✓

No.	Sample Name	Sample Type	Alcohol ABV%	Ethanol GC-MS	Density	Specific Gravity	pH	Sugars (GLU/FRU)	Volatile Acidity	Total Sulfur Dioxide	Other Tests
1											
2											
3											
4											
5											
6											
7											
8											