



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

ANALYSIS REQUEST

R J Hill Laboratories Limited
221A Ellis Street Frankton
Hamilton 3204
Private Bag 3205
Hamilton 3240. New Zealand

T 0508 HILL LAB (44 555 22)
T +64 7 858 2000
E mail@hill-labs.co.nz
W www.hill-labs.co.nz

Office use only
(Job No)

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 Temp: _____
 Room Temp Chilled Frozen

Sample and Analysis details checked
Signature: _____

Priority Low Normal High
 Urgent (ASAP, extra charge applies, please contact lab first)

Requested Reporting Date: _____

ADDITIONAL INFORMATION / KNOWN HAZARDS

MYCOTOXINS

Sample No:	Sample Details	AFLA	TRIC	OCHR	FUMO	Other tests (please specify)
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test Notes: **AFLA** (Aflatoxin – Aflatoxin B1, Aflatoxin B2, Aflatoxin G1 and Aflatoxin G2), **TRIC** (Tricothecenes and Zearalenone – Nivalenol (Niv), Deoxynivalenol (Don), Neosolaniol, 3-acetyl-Don, 15-O-4-Don, HT-2-Toxin, T-2 Toxin, Zearalenone (Zen)), **OCHR** (Ochratoxin – Ochratoxin A), **FUMO** (Fumonisin – Fumonisin B1, Fumonisin B2).