



Shared Services Laboratory
315 Pukete Road, Hamilton

2 07 958 5870 ext

027 808 2269

## **Analyses Request Form**

Client D		Chain of Custody								
Company		Received at Shared		Date & Time:						
Contact Name				Services Laboratory		Name:				
Address				Details checked		Temp on Arrival:				
				Please tick if	you require sub	mission form	to be emaile	d back upon receipt		
Contact Phone				Sampling						
Order Number				Sampling r	Sampling required					
Issue results to				Sampling b	Sampling bottles required			echs notified		
				Samples to be dropped off						
	$\dashv$	Samples to be picked up								
Permission to subcontract a		from:								
Prio	rity				Results					
Low (14+ calendar days) Urgent (1-4 calendar days)				Email	Endorse	ed PDF	Excel	spreadsheet		
Normal (8-13 calendar days) NOTE: Turnaround depends on tests				Other:						
requested; extra charges apply; High (5-7 calendar days) please contact lab first.										
Please note: Detailed sampling and testing	ng information is not	routinely inclu	ided on	endorsed reports.	but additiona	l informatio	n is availab	le on request.		
Please note: Detailed sampling and testing information is not routinely included on endorsed reports, but additional information is available on request.  Additional Information										
Sample Name / Site Description	Sample Date & Time	Sample Type	Tests Required				Lab number			

## Important privacy information

The personal information that you provide in this form will be held and protected by Hamilton City Council in accordance with our Privacy Statement (available at <a href="https://www.hamilton.govt.nz/privacy">https://www.hamilton.govt.nz/privacy</a> and at our libraries, pools and the Municipal Building, Garden Place) and with the Privacy Act 1993. The Privacy Statement explains how we can use and share your personal information in relation to any interaction you have with the Council, and how you can access and correct that information. You should familiarise yourself with this Statement before submitting this form.

Version 14 Issued: 10/12/21 Proforma 31013

Sample Name / Site Description	Sample Date & Time	Sample Type	Tests Required	Lab number

## Important privacy information

The personal information that you provide in this form will be held and protected by Hamilton City Council in accordance with our Privacy Statement (available at <a href="https://www.hamilton.govt.nz/privacy">https://www.hamilton.govt.nz/privacy</a> and at our libraries, pools and the Municipal Building, Garden Place) and with the Privacy Act 1993. The Privacy Statement explains how we can use and share your personal information in relation to any interaction you have with the Council, and how you can access and correct that information. You should familiarise yourself with this Statement before submitting this form.