

ANALYSIS REQUEST FORM – DRUGS OF ABUSE

Methamphetamine & Precursors Swab Analysis

COMPANY DETAILS (To Appear on Report)				PRIORITY & INSTRUCTIONS					
Company Name				COMMENTS/SPECIAL INSTRUCTIONS					
Address									
Phone				Additional Report Options:	Include Excel Report <input type="checkbox"/>				
E-mail				PRIORITY STATUS <input type="checkbox"/> URGENT Same Day Results (Conditions Apply)* <input type="checkbox"/> NORMAL Next Day Results					
Contact Person									
Reference <small>Max 15 characters</small>		Purchase Order # <small>Max 15 characters</small>							
Office Use Only									
Laboratory ID Number	Date Received	Received By	Report Sent	Invoice Sent					
SAMPLE INFORMATION									
Site ID or Address				Sampler					
Tube #	Sample Reference, Room, Date & Time				Sample Type (✓)		Analysis Required (✓)		
	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
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

*Urgent samples for same day reporting must be received before 9am. Please contact Analytica in advance to confirm booking. Write "URGENT" on courier bag/box. A \$20 +GST/sample fee applies.
For enquiries visit www.analytica.co.nz or telephone 07 974 4740

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	Sample Type (✓)		Number of Swabs (Field Composite Only)	Analysis Required (✓)	
		Discrete	Field Composite		Individual	Lab Composite (Please indicate groups)
11						
12						
13						
14						
15						
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