

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									
E-mail									
Contact Person				PRIORITY STATUS <input type="checkbox"/> URGENT <input type="checkbox"/> NORMAL Same Day Results Next Day Results (Conditions Apply, See Footnote) *					
Reference <small>Max 15 characters</small>		Purchase Order # <small>Max 15 characters</small>							
Office Use Only									
<i>Laboratory ID Number</i>	<i>Date Received</i>	<i>Received By</i>	<i>Report Sent</i>	<i>Invoice Sent</i>					
SAMPLE INFORMATION									
Site ID or Address				Sampler					
Tube #	Sample Reference, Room, Date & Time				Sample Type (✓)		Analysis Required (✓)		
	<small>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</small>				Discrete	Field Composite	Number of Swabs (Field Composite Only)	Individual	Lab Composite (Please indicate groups)
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						
16						
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