



Hill Laboratories

TRIED, TESTED AND TRUSTED

ANALYSIS REQUEST

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NURSERY

Name (Client)

Address

Phone Fax

Email

Site Name (Client Reference)

(Additional Client Ref)

Quote No **81222** Order No

Submitted By

Charge To

I have authority as the landowner / or authorised representative to request this test and consent to the results being released to KVH

Name: (Primary Contact)

Association:

Signed: Date:

Office use only: Job No:

CHAIN OF CUSTODY RECORD

Sent to

Hill Laboratories

Date & Time:

Please tick if you require COC to be faxed back

Name:

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)

Date Collected:

Number of Samples:

ADDITIONAL INFORMATION

KIWIFRUIT NURSERY TESTING (PSA)

Level of Symptoms: (Leaf Spotting, secondary symptoms, one vine, one block, widespread etc. or N/A if no symptoms)

Date last sprayed:

Product:

Blocks:

Type of Sample: (Please circle)

Leaf

Cane

No.	Sample Description / Name	Location of Sample Block/Row/Bay	Kiwifruit variety Hayward / 16A / G3 / G9 / G14	M / F (male or female)	Male Variety (if male sample) Bruce / Chieftain / M91 / CK1 / CK2 etc
1					
2					
3					
4					
5					
6					

For sampling information contact KVH.