



Quote No

Primary Contact Kerry O'Neil (KVH) #287374

Client / Nursery

Address

Postcode

Phone

Mobile

Email

Client Reference / KPIN

Additional Ref

Charge To

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

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

Submitter

Submitter Co.

Submitter Email

Signed

Date

ANALYSIS REQUEST

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

☎ **0508 HILL LAB** (44 555 22)
☎ +64 7 858 2000
✉ mail@hill-labs.co.nz
🌐 www.hill-labs.co.nz

Office use only
(Job No)

CHAIN OF CUSTODY RECORD

Sent to Hill Labs

Date & Time:

Name:

Signature:

Received at Hill Labs

Date & Time:

Name:

Signature:

Condition

Room Temp Chilled

Temp:

Sample and Analysis details checked

Signature:

Priority Normal (Tested every Wednesday, results reported next day if no repeat testing required)
 Urgent (ASAP, extra charge applies, please contact lab first)

Date Collected

Number of Samples

ADDITIONAL INFORMATION / KNOWN HAZARDS

KIWIFRUIT NURSERY TESTING (PSA)

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

Type of Sample: 100 x Kiwifruit Leaves per sample (please contact KVH for sampling advice)

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 applicable) Bruce / Chieftain / M91 / CK1 / CK2 etc
1					
2					
3					
4					
5					
6					