North Island Laboratories

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Billing Information:	**Report Results to:**
Company _____	Contact _____
Address _____	Agency _____
	Email/Fax _____
Contact _____	
Tel _____ Fax _____	Contact _____
Email _____	Agency _____
Quote No. _____ PO _____	Email/Fax _____
To ensure project specific analytical pricing, the quotation number must be included with each sample submission.	*North Island Labs holds all results confidential. Results Will only be released to contact identified at time of sample submission. Limited to 2 persons.*

Rush: Surcharges will apply to rush samples. Please contact the laboratory to confirm rush dates, times and costs before submitting samples.

Required on: all analyses ☐ or as indicated ☐ Date required:

Notes/Special Instructions:

Samples submitted by: _____

Samples taken by:

Analyses Required

If specific detection limits are required please note next to the Parameter (for example: Nitrate (0.01 mg/L)

Sample ID	Sample Type	Date/Time											