

# Analysis Request Form



To: **Chemsafety Ltd**

From:

☐ Christchurch Office

☐ Wellington Office

Company:

Name:

Phone:

E-mail:

Billing Address (if different  
from sample address):

Reference /

PO #:

Signature:

☐ Price communicated and agreed

Report to be sent to: ☐ Same as in "From"

☐ Other:

Name:

E-mail:

Analysis Required: ☐ Asbestos ID (AS 5370:2024)

☐ Other:

☐ Qualitative Lead Paint (done at Chemsafety using 5% sodium sulphide solution)

☐ Quantitative Lead Pain (done by another Laboratory)

☐ Urgent ☐ Normal

Requested Reporting date:

Sample address:

No	Sample location	Sample material (e.g., plaster, vinyl, cement, etc)
1		
2		
3		
4		
5		

Use page 2 for more than 5 samples.

## Internal use:

☐ Account Approved

☐ Cash Sale

Date Received:

Project No:

Batch No:

## Important Information:

All work undertaken is subject to Chemsafety's General Terms and Conditions of Trade, a copy of which can be found at [www.chemsafety.co.nz/resources](http://www.chemsafety.co.nz/resources).

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