



## Analysis Request Form - Honey Testing

| Client Information (To Appear on Report)  |   |   |  |                             | Comments/Special Instructions               |   |  |                          |                          |                          |                          |                          |                           |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
|---|---|---|--|-----------------------------|---|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|------|---|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|--|----------|
| Company or Client Name  |   |   |  |                             |   |   |  |                          |                          |                          |                          |                          |                           |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| Contact Person  |   |   | Phone #  |                             |   |   |  |                          |                          |                          |                          |                          |                           |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| Address   |   |   |  |                             |   |   |  |                          |                          |                          |                          |                          |                           |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| E-mail Report To  |   |   |  |                             |   |   |  |                          |                          |                          |                          |                          |                           |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| Client Reference<br><small>Max 15 characters</small>  |   |   | Purchase Order #<br><small>Max 15 characters</small> |                             |   | <b>CUSTOM INVOICING DETAILS</b><br><i>Only complete if invoice recipient is different from report recipient</i> |  |                          |                          |                          |                          |                          |                           |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| Submitter<br><small>(if not Client)</small>   |   |   |  |                             | Invoice To<br><small>(Company Name)</small> |   |  |                          |                          |                          |                          |                          |                           |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| Submitter E-mail/Phone<br><small>(if not Client)</small>  |   |   |  |                             | E-mail Invoice To                           |   |  |                          |                          |                          |                          |                          |                           |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| Also Send Results to Submitter <i>(please tick if required)</i>   |   |   |  |                             | <input type="checkbox"/>                    |   | <table border="1"> <thead> <tr> <th colspan="11">Test Packs</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td colspan="11"><b>MANUKA PACK</b> – 3-in-1 + free Forecast, MPI 5 Attributes</td> <td><b>M</b></td> </tr> <tr> <td colspan="11"><b>EXTRACTION PACK</b> – 3-in-1 + free Forecast, MPI 5 Attributes, C4 Screen</td> <td><b>E</b></td> </tr> <tr> <td colspan="11"><b>PROCESSING PACK</b> – 3-in-1 + free Forecast, MPI 5 Attributes, C4 AOAC</td> <td><b>P</b></td> </tr> </tbody> </table> <p>Write the pack code in the 'TEST PACK' column to select <b>all of the tests listed in the pack</b> for a sample at a discounted price.</p> |                          |                          |                          |                          |                          | Test Packs                |                          |                          |                          |                          |                          |                          |                          |                          |  |  | Code | <b>MANUKA PACK</b> – 3-in-1 + free Forecast, MPI 5 Attributes |  |  |  |  |  |  |  |  |  |  | <b>M</b> | <b>EXTRACTION PACK</b> – 3-in-1 + free Forecast, MPI 5 Attributes, C4 Screen |  |  |  |  |  |  |  |  |  |  | <b>E</b> | <b>PROCESSING PACK</b> – 3-in-1 + free Forecast, MPI 5 Attributes, C4 AOAC |  |  |  |  |  |  |  |  |  |  | <b>P</b> |
| Test Packs  |   |   |  |                             |   |   |  |                          |                          |                          |                          |                          | Code                      |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| <b>MANUKA PACK</b> – 3-in-1 + free Forecast, MPI 5 Attributes   |   |   |  |                             |   |   |  |                          |                          |                          |                          |                          | <b>M</b>                  |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| <b>EXTRACTION PACK</b> – 3-in-1 + free Forecast, MPI 5 Attributes, C4 Screen  |   |   |  |                             |   |   |  |                          |                          |                          | <b>E</b>                 |                          |                           |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| <b>PROCESSING PACK</b> – 3-in-1 + free Forecast, MPI 5 Attributes, C4 AOAC  |   |   |  |                             |   |   |  |                          |                          |                          | <b>P</b>                 |                          |                           |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| Provide Each Sample on Individual Report <i>(please tick if required)</i>   |   |   |  |                             | <input type="checkbox"/>                    |   |  |                          |                          |                          |                          |                          |                           |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| Return Samples after Standard Storage Period <i>(for the cost of handling, packaging, and return shipping, please tick if required)</i> |   |   |  |                             | <input type="checkbox"/>                    |   |  |                          |                          |                          |                          |                          |                           |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| <b>Office Use Only</b>  |   |   |  |                             |   |   |  |                          |                          |                          |                          |                          |                           |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| <i>Laboratory ID Number</i>   |   | <i>Date Received</i>                                |  | <i>Received By</i>          |   |   |  |                          |                          |                          |                          |                          |                           |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| Your Sample Identification<br><small>(To Appear on Report)</small>  | TEST PACK<br><small>(indicate code)</small> | Manuka Tests  |  |                             |   | General Honey Tests   |  |                          |                          |                          |                          |                          |                           |                          |                          |                          | Other Tests              |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
|   |   | 3-in-1<br><small>DHA/IMG/HMF/NPA + Forecast</small> | Leptosperin  | MPI Manuka Chemical Markers | MPI Manuka DNA Marker                       | Tutin - Individual  | Tutin - Composite<br><small>Identify groups</small>  | C4 Sugars - AOAC         | C4 Sugars - Screen       | American Foulbrood (AFB) | Glyphosate               | TRACE Glyphosate         | Physical Properties Suite | Moisture Only            | Heavy Metals             | Diastase                 |                          |                          |                          |                          |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| 1   |   | <input type="checkbox"/>                            | <input type="checkbox"/>                             | <input type="checkbox"/>    | <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| 2   |   | <input type="checkbox"/>                            | <input type="checkbox"/>                             | <input type="checkbox"/>    | <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| 3   |   | <input type="checkbox"/>                            | <input type="checkbox"/>                             | <input type="checkbox"/>    | <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| 4   |   | <input type="checkbox"/>                            | <input type="checkbox"/>                             | <input type="checkbox"/>    | <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| 5   |   | <input type="checkbox"/>                            | <input type="checkbox"/>                             | <input type="checkbox"/>    | <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| 6   |   | <input type="checkbox"/>                            | <input type="checkbox"/>                             | <input type="checkbox"/>    | <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| 7   |   | <input type="checkbox"/>                            | <input type="checkbox"/>                             | <input type="checkbox"/>    | <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| 8   |   | <input type="checkbox"/>                            | <input type="checkbox"/>                             | <input type="checkbox"/>    | <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |
| 9   |   | <input type="checkbox"/>                            | <input type="checkbox"/>                             | <input type="checkbox"/>    | <input type="checkbox"/>                    | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |      |   |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |          |

|    | Your Sample Identification<br>(To Appear on Report) | TEST PACK (indicate code) | Manuka Tests                     |                          |                             |                          | General Honey Tests      |                                   |                          |                          |                          |                          |                          |                           |                          |                          |                          | Other Tests   |
|----|---|---------------------------|----------------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|---|
|    |   |                           | 3-in-1 DHA/MG/HMF/NPA + Forecast | Leptosperin              | MPI Manuka Chemical Markers | MPI Manuka DNA Marker    | Tutin - Individual       | Tutin - Composite Identify groups | C4 Sugars - AOAC         | C4 Sugars - Screen       | American Foulbrood (AFB) | Glyphosate               | TRACE Glyphosate         | Physical Properties Suite | Moisture Only            | Heavy Metals             | Diastase                 | NE – Nectar<br>PC – Pollen Count<br>AM – Amitraz<br>PAs – Pyrro.<br>Alkaloids<br><b>Colour ONLY</b> |
|    |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 10 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 11 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 12 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 13 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 14 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 15 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 16 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 17 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 18 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 19 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 20 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 21 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 22 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 23 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 24 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 25 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 26 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 27 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 28 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 29 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 30 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 31 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 32 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 33 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 34 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 35 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 36 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 37 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 38 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 39 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 40 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 41 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 42 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 43 |   |                           | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |

Samples will be retained for a maximum of 4 weeks following testing. They can be returned to clients on request for the cost of handling, packaging, and return shipping. On disposal samples may be combined, and resulting bulk honey used be made available to Analytica staff for personal use.  
**For test prices, turn-around times, and other information visit [www.analytica.co.nz](http://www.analytica.co.nz) or telephone 07 974 4740.**