

ANALYSIS REQUEST FORM – AFB HIVE TESTING

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| **COMPANY DETAILS (To Appear on Report)** | **COMMENTS/SPECIAL INSTRUCTIONS** |
| **Company or Client Name** |  |  |
| **Contact Person** |  | **Phone #** |  |
| **Address** |  |  |
| **E-mail Report To** |  | **Reference**Max 15 characters |  |
| **Beekeeper Name/ #** |  | **Purchase Order**Max 15 characters |  |
| **Sampler / Submitter** |  | ***Laboratory ID Number*** | ***Date*** | ***Received By*** |
| **SAMPLE INFORMATION (ESSENTIAL FOR REPORTING)** | **Analysis Required** | **Other Notes (Hive Strength, Clinical Symptoms)** |
| **#** | **Swab ID/Number (as shown on swab)** | **Sample Description (to appear on report)** | **Date Sampled** | **Property** | **Site** | **Individual Testing** | **Composite Testing****(10 sample maximum per composite)****(Composite A, B, C, etc.)** |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |



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| **SAMPLE INFORMATION (ESSENTIAL FOR REPORTING)** | **Analysis Required** | **Other Notes (Hive Strength, Clinical Symptoms)** |
| **#** | **Swab ID/Number** | **Sample ID** | **Date Sampled** | **Property** | **Site** | **Individual Testing** | **Composite Testing****(10 sample maximum per composite)****(Composite A, B, C, etc.)** |
| 6. |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |
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| 12. |  |  |  |  |  |  |  |  |
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| 14. |  |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |  |  |