

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. |  |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |  |  |