**ANALYSIS REQUEST FORM – AFB HIVE TESTING**

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|  | **COMPANY DETAILS (To Appear on Report)** | **COMMENTS/SPECIAL INSTRUCTIONS** |
| **Company or Client Name** | Required |  |
| **Contact Person** | Required | **Phone #** | Required |
| **Address** |  |
| **E-mail Report To** | Required | **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.)** |
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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.)** |
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