**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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| 5. |  |  |  | |  | |  | |  | |  |  | |
| **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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