

ANALYSIS REQUEST FORM – AFB HIVE TESTING

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.)	
1.						<input type="checkbox"/>		
2.						<input type="checkbox"/>		
3.						<input type="checkbox"/>		
4.						<input type="checkbox"/>		
5.						<input type="checkbox"/>		

By submitting samples, you agree to our [Terms and Conditions](#).

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 <small>(10 sample maximum per composite) (Composite A, B, C, etc.)</small>	
6.						<input type="checkbox"/>		
7.						<input type="checkbox"/>		
8.						<input type="checkbox"/>		
9.						<input type="checkbox"/>		
10.						<input type="checkbox"/>		
11.						<input type="checkbox"/>		
12.						<input type="checkbox"/>		
13.						<input type="checkbox"/>		
14.						<input type="checkbox"/>		
15.						<input type="checkbox"/>		
16.						<input type="checkbox"/>		
17.						<input type="checkbox"/>		
18.						<input type="checkbox"/>		

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