



ANALYSIS REQUEST FORM - BETA CASEIN FARM TESTS

Client Information				Chain Of Custody Record		
Name	Required			Date Sent	Person Sending	
Address	Required			Comments		
Phone	Required					
E-mail	Required					
Contact Person						
Client Reference						
Quote #		Purchase Order #		Laboratory ID Number		
Submitter (if not Client)						
Submitter E-mail				Date Received	Received By	Condition
				Reported	Invoiced	Sent to Client

Sample Identification		Individual Animal Testing For Beta-Casein Type					Bulk Milk Testing For A1 Beta-Casein %
#	Your Sample Identification (to appear on report)	Milk	DNA Testing				
			Tissue	Blood	Genotube	Hair	
1							
2							
3							
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11							

Sample Identification	Individual Animal Testing For Beta-Casein Type	Bulk Milk Testing
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Samples will be retained for a maximum of 4 weeks following testing. For more information visit www.analytica.co.nz or telephone 07 974 4740. By submitting samples, you agree to our [Terms and Conditions](#)



#	Your Sample Identification (to appear on report)	Milk	DNA Testing				For A1 Beta- Casein %
			Tissue	Blood	Genotube	Hair	
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