



## 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			Laboratory ID Number	
Client Reference				
Quote #	Purchase Order #			
Submitter (if not Client)			Date Received	Received By
Submitter E-mail			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								
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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](http://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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