

ANALYSIS REQUEST FORM – GENERAL HONEY TESTING

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| Client Information (To Appear on Report) | | | | | | | | | | | | |  | Comments/Special Instructions | | | | | | | | |
| Company or  Client Name | |  | | | | | | | | | | |  |  | | | | | | | | |
| Contact Person | |  | | Phone # | | | |  | | | | |  |
| Address | |  | | | | | | | | | | |  |
| E-mail Report To | |  | | | | | | | | | | |  |
| Client Reference  Max 15 characters | |  | | Purchase Order #  Max 15 characters | | | |  | | | | |  |
| Invoice to  (If not Client) | |  | | | | | | | | | | |  |
| Invoice Email | |  | | | | | | | | | | |  | **ApiNZ Membership #:**  ***(OPTIONAL: Different from Beekeeper Number)*** | | | | | | *API* | | |
| **Does your honey include any additives? Please refer to the note below.***(please tick if required)* | | | | | | | | | | |  | |  | **Discount Test Packs** | | | | | | | | **Code** |
| **Provide Each Sample on Individual Report** *(please tick if required)* | | | | | | | | | | |  | |  | **MANUKA PACK** – 3-in-1 + free Forecast, MPI Chemical Markers and MPI DNA Marker | | | | | | | | **M** |
| **Return Samples after Standard Storage Period** *(for the cost of handling, packaging, and return shipping, please tick if required)* | | | | | | | | | | |  | |  | **EXTRACTION PACK** – 3-in-1 + free Forecast, MPI Chemical Markers, MPI DNA Marker, C4 Screen | | | | | | | | **E** |
| **Office Use Only** | | | | | | | | | | | | |  | **PROCESSING PACK** – 3-in-1 + free Forecast, MPI Chemical Markers, MPI DNA Marker, C4 AOAC | | | | | | | | **P** |
| ***Laboratory ID Number*** | | | | | ***Date Received*** | | | ***Received By*** | | | | |  | Test packs can be requested along with other tests that are not included in the pack | | | | | | | | |
|  | **Your Sample Identification**  (To Appear on Report)  ***The sample Identification written on your form should match what is written on the sample.*** | | **TEST PACK** (indicate code) | | **Manuka Tests** | | | |  | **General Honey Tests** | | | | | | | | | | | **Other Tests** | |
| **3-in-1** DHA/MG/HMF/NPA + Forecast | **Leptosperin** | **MPI Manuka Chemical Markers** | **MPI Manuka DNA Marker** | **Tutin** - **Individual** | **Tutin - Composite** Identify groups | | **Glyphosate** | **American Foulbrood (AFB)** | **C4 Sugars - AOAC** | **C4 Sugars** - **Screen** | **Sugar Profile** | **Phy sical Properties Suite**  *Colour/Conductivity/Moisture/Brix* | **Moisture Only** | **Diastase (Phadebas Method)** | **Diastase (Nitrophenol Method)** | **NE** – DHA in Nectar **PC** – Pollen Count **Colour** ONLY **Heavy Metals Amitraz**  **KanukaClassification**  **Microbiology** (please use our separate microbiology request form) | |
| **1** |  | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |
| **2** |  | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |
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| **6** |  | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |
| **7** |  | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |

By submitting samples, you agree to our [Terms and Conditions.](https://www.analytica.co.nz/about-us/terms-and-conditions/) By submitting samples via this form, you agree to a $5 administration fee. Submission online is free, please call +64 7 974 4740 to sign up.

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|  | **Your Sample Identification**  (To Appear on Report)  ***The sample Identification written on your form should match what is written on the sample.*** | **TEST PACK** (indicate code) | **Manuka Tests** | | | |  | **General Honey Tests** | | | | | | | | | | **Other Tests** |
| **3-in-1** DHA/MG/HMF/NPA + Forecast | **Leptosperin** | **MPI Manuka Chemical Markers** | **MPI Manuka DNA Marker** | **Tutin** - **Individual** | **Tutin - Composite** Identify groups | **Glyphosate** | **American Foulbrood (AFB)** | **C4 Sugars - AOAC** | **C4 Sugars** - **Screen** | **Sugar Profile** | **Phy sical Properties Suite**  *Colour/Conductivity/Moisture/Brix* | **Moisture Only** | **Diastase** | **8 Heavy Metals suite** | **NE** – DHA in Nectar **PC** – Pollen Count **Colour** ONLY **Heavy Metals Amitraz**  **KanukaClassification**  **Microbiology** (please use our separate microbiology request form) |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **28** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Turnaround Times:** Turnaround times listed to apply to all samples received before 12pm on a given working day. Any samples received after 12pm may be carried over to the next available laboratory run on the next working day.

**Additives**: If your sample has additives, please provide the list of ingredients in the comments section of your request form. Note: Testing will be unaccredited, and we cannot promise that honey with additives will run through our instrumentation successfully.

**Sample Volumes:** Please provide a minimum sample of 50g for testing. Refer to our tech note.

**Samples** will be retained for 4 weeks following testing. On disposal samples may be combined and result in bulk honey being made available to ALS Food NZ staff for personal use. For test prices, turn-around times, and other information call +64 7 974 4740. By submitting samples via this form, you agree to a $5 administration fee. Submission online is free, please call +64 7 974 4740 to sign up.

By submitting samples, you agree to our Terms and Conditions.