

ANALYSIS REQUEST FORM - BETA CASEIN FARM TESTS

Client Information				Chain Of Custody Record		
Name				Date Sent To Analytica	Person Sending	
Address				Comments		
Phone						
E-mail						
Contact Person						
Client Reference				Laboratory ID Number		
Quote #		Purchase Order #				
Submitter (if not Client)				Date Received	Received By	Condition
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							
3							
4							
5							
6							
7							
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10							
11							

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](#)

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	
13							
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