

HONEY TESTING REQUISITION FORM

LAB NO. : _____
 DATE OF ARRIVAL : _____
 DATE OF SAMPLING : _____
 (DD/MM/YYYY)

مختبر
الطب
البيطري
المركزي

OWNER NAME : _____

CONTACT DETAILS : _____

SENDER NAME : _____

ADDRESS : _____

RESULTS TO (FAX/EMAIL) : _____

SAMPLE : _____

SAMPLE NAMES:

- | | |
|--------|---------|
| 1..... | 6..... |
| 2..... | 7..... |
| 3..... | 8..... |
| 4..... | 9..... |
| 5..... | 10..... |

Tests
<input type="checkbox"/> Bacterial culture
<input type="checkbox"/> Fungal culture
<input type="checkbox"/> Pollen test
<input type="checkbox"/> Carbohydrates (Sucrose, Fructose, Glucose)
<input type="checkbox"/> Moisture content
<input type="checkbox"/> Heavy metals (Chromium, Cobalt, Cadmium, Lead)
<input type="checkbox"/> Hydroxy methyl furfural (HMF) – Adulteration in honey
Minerals:
<input type="checkbox"/> Sodium <input type="checkbox"/> Manganese <input type="checkbox"/> Calcium <input type="checkbox"/> Zinc <input type="checkbox"/> Phosphorous <input type="checkbox"/> Magnesium <input type="checkbox"/> Copper <input type="checkbox"/> Potassium <input type="checkbox"/> Selenium <input type="checkbox"/> Iron

Please send minimum 50ml of honey sample.

SIGNATURE OF SENDER : _____

**CENTRAL
VETERINARY
RESEARCH
LABORATORY**

ص.ب. ٥٩٧، دبي
الإمارات العربية المتحدة
هاتف : +٩٧١٤ ٣٣٧٥١٦٥
فاكس : +٩٧١٤ ٣٣٦٦٥٦٨

P. O. BOX 597, DUBAI
UNITED ARAB EMIRATES
PHONE: +9714 3375165
FAX : +9714 3368638
FAX : +9714 3366568
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w w w . c v r l . a e