



HONEY TESTING REQUISITION FORM

To be filled by customer:

DATE AND TIME OF SAMPLING: _____

LABORATORY

مركز
البحر
البيطري
البحري

OWNER NAME: _____

CONTACT DETAILS: _____

SENDER NAME: _____

ADDRESS: _____

RESULTS TO NAME: _____

EMAIL/FAX: _____

INVOICE TO: _____

SAMPLE: _____

SAMPLE NAMES:

1.....

6.....

2.....

7.....

3.....

8.....

4.....

9.....

5.....

10.....

Tests

Bacterial culture

Fungal culture

Pollen test

Carbohydrates (Sucrose, Fructose, Glucose)

Moisture content

Heavy metals (Chromium, Cobalt, Cadmium, Lead)

Hydroxy methyl furfural (HMF) – Adulteration in honey

Minerals:

Sodium

Manganese

Calcium

Zinc

Phosphorous

Magnesium

Copper

Potassium

Selenium

Iron

Please send minimum 50ml of honey sample.

**CENTRAL
VETERINARY
RESEARCH
LABORATORY**

ص.ب: ٥٩٧، دبي

الإمارات العربية المتحدة

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w w w . c v r l . a e

For CVRL use only:

DATE AND TIME OF ARRIVAL: _____ CASE ID: _____

INVOICE NO: _____ LAB NO: _____

OTHER REFERENCE NO: _____