

Identification

First name :	Last name :
Address :	
Phone number :	
Email address :	

Sample(s) description

Honey <input type="checkbox"/>	Pollen <input type="checkbox"/>
Number of samples :	
Harvest date of sample(s) :	
Date of nectar flow :	
Name(s) of potential flower(s) in honey :	
Flower(s) send with sample?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address or site of the apiary :	

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Agriculture and  
Agri-Food Canada

Agriculture et  
Agroalimentaire Canada



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