

ANALYSIS REPORT

pursuant to: Animal Health Protection Act (chapter P-42, s. 55.15)
 Marine Products Processing Act (chapter T-11.01, s. 45, par. 5)

Other Act

Name and address of person in charge	Report No.
--------------------------------------	------------

A- INFORMATION ON SAMPLES

Project No. _____ Sampling minutes No. _____
Application for analysis No. _____ dated _____
Offence report No. _____ signed by _____
Seals No. _____ Samples No. _____

PERSON NAMED IN MINUTES

(name and address)

B- DESCRIPTION OF SAMPLES TO BE ANALYSED

(quantity, nature of sample - product or animal species - and others)

C- CONDITIONS OF SAMPLES AND SEALS ON RECEIPT

The samples, shipped or delivered to the laboratory by _____ have been received on

Y	M	D

 by _____, in good condition, at room temperature , refrigerated or frozen , in closed containers, with unbroken seals affixed thereto, the whole in relation to the above-mentioned minutes.

D- BREAKING OF SEALS AND PRESERVATION OF SAMPLES BEFORE ANALYSIS

I broke the seals affixed to the sample containers and I forwarded the samples to a room to be kept at room temperature , refrigerated or frozen until the analysis.

E- ANALYSIS AND FINDINGS

(Remarks of a scientific nature according to professional practice in that matter - operations - findings)

On

Y	M	D

, I analysed the samples described in B and, on the basis of the data and results that I have personally observed and written on the document attached hereto, I submit the following findings:

F- CONCLUSIONS

Made in triplicate at _____
(place)

Document(s) attached

SIGNATURES													
I have personally observed the facts, actions and conclusions mentioned in <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F	I have personally observed the facts and actions mentioned in <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F												
Person authorized to act as analyst for the carrying out of the Act	Person authorized to act as analyst for the carrying out of the Act												
Surname and given names (in block letters)	Surname and given names (in block letters)												
Specialty <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>M</td><td>D</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Y	M	D				Specialty <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>M</td><td>D</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Y	M	D			
Y	M	D											
Y	M	D											
Signature	Signature												

(Form prescribed by regulation to be used as documentary evidence)