



LABORATORY FOR QUALITY CONTROL OF BEE PRODUCTS
UNIVERSITY OF AGRICULTURAL SCIENCES AND VETERINARY MEDICINE

STR. CALEA MĂNĂȘTUR 3-5, 400372 CLUJ-NAPOCA

Tel 0264/596384, Fax: 0264/593792

e- mail: lab.aphis@gmail.com;

apicultura@usamvcluj.ro

Registration nr. _____ date _____

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ANALYSIS OFFER

Applicant :

Client name/Company.....
Contact person
Adress Tel/Fax:.....
e-mail

Information regarding the sample:

Sample name (origin).....
Sampling was performed by
Nr. samples.....

Observations:

Turn around time (business days).....
Special request of the client.....
.....

Determined parameter	UM	Method of determination	Cost (RON)	*
Honey				
Water	g/100g	Refractrometry	8	
Electrical conductivity	mS/cm	Conductometry	10	
Ash	g/100g	Gravimetry	10	
Colorimetric index	mm Pfund	Colorimetry (Lovibond)	5	
Free acidity, lactone and total acidity, pH	meq/kg	Potentiometry	30	
Hydroxymethylfurfural (HMF)	mg/kg	Spectrophotometry (White)	15	
Diastazic index	ud/g	Spectrophotometry (Phadebas)	25	
Reducing sugars	g/100g	Titrimetry (Elser)	30	
Insoluble matter	g/100g	Gravimetry	8	
Sugar profile	g/100g	High Performance Liquid Chromatography (HPLC)	100	
Organoleptic analysis	-	Sensorial analysis	10	
Melissopalinalogy	-	Microscopic examination	15	
Tetracyclines	ppb	High Performance Liquid Chromatography (HPLC)	150	
Organochlorine and organophosphorus pesticides	ppb	Gas chromatogrphy (GC)	-	
Metals	ppb	Atomic absorbtion spectrometry (AAS)	55/element	
Bees wax				
Acidity and saponification indes	-	Titrimetry	30	

* - note by "X" the requested analysis

Date:.....

Applicant signature,