

## Mill Identification

Name:	Code: <small>For quality control only</small>
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## Sales Representative

Name:	User
	Code:

## Producer Identification

Name:	Code
	CRM:

## Sampling Date

## Representative Email & Phone Number

NIR Code:

Check the box for a new customer:

Temperature upon receipt of the sample: \_\_\_\_\_ °C

<input type="checkbox"/>	<b>REGULAR</b>	<input type="checkbox"/>	<b>RUSH (\$)</b>
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**For Laboratory use**

## Product Description

	Dry	Fat
	Wet	
	Liquid	Other: _____
	Meat	

## Product Code

## Requested Analyses

<input type="checkbox"/>	Protein
<input type="checkbox"/>	Dry Matter
<input type="checkbox"/>	Moisture
<input type="checkbox"/>	Crude Fat
<input type="checkbox"/>	Crude Fiber

## Details & Comments

\*This form must be associated with only one sample\*

Information on this submission form are confidential