

**Contact Name**

**Sampling Date**

**Mill identification**

Name:	Code:
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**Email & Phone Number**

**Customer Identification**

Name:	Code:
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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

Protein	Calcium	Ash	Fructose
Dry Matter	Phosphorus	Fatty Acids Profile	Glucose
Moisture	Sodium	Amino Acide Profile	Lactose
Crude Fat	Magnesium	Peroxide Value	Maltose
Oil Fat	Potassium	Iodine Value	Sucrose
Meat Fat	Iron	Insoluble Impurities	Total Sugars
Fat Hydrolysis	Zinc	Free Fatty Acids	Astaxanthin
Crude Fiber	Manganese	Unsaponifiables	Canthaxanthin
Acid Detergent Fiber	Selenium	Malonaldehyde (TBA)	pH
Neutral Fiber	Copper	Ethoxyquin	Sulfur
Other:	_____		

## Details & Comments

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

Information on this submission form are confidential