

Mill Identification

Name:	Code:
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For quality control only

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"/>	REGULAR	<input type="checkbox"/>	RUSH (\$)
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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