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# Equine Submission Form

Lab Use Only

Date Rcvd \_\_\_\_\_

Bill To

Additional Report or Copy

Bill To: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
**Report by:** Fax \_\_\_\_\_ Email \_\_\_\_\_ Mail \_\_\_\_\_ Phone \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
**Report by:** Fax \_\_\_\_\_ Email \_\_\_\_\_ Mail \_\_\_\_\_ Phone \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Sample Information

Lab Use Only Accession #	Date Sampled	Sample Type (Alfalfa, Grass, Timothy Hay, Ect.)	Description	Equine Standard NIR	Equine Standard NIR + Wet Chemistry Minerals	Equine Wet Chemistry Panel	Other: _____

Submitted by: \_\_\_\_\_

Signature: \_\_\_\_\_