



Lab Use Only Rcvd Date: _____

Feed Submission Form

Billing Info

Bill To: _____ Phone: _____
 Address: _____
Report by: Fax ___ Email ___ Mail ___ Phone ___
 Fax: _____
 Email: _____

Additional Report or Copy to:

Contact: _____ Phone: _____
 Address: _____
Report by: Fax ___ Email ___ Mail ___ Phone ___
 Fax: _____
 Email: _____

Feed Sample Information

| Lab Use Only | Accession # | Date Sampled | Feed Type | Description | Wet Chemistry Packages | | | | | | NIR Packages | | | Lab Use Only | | |
|--------------|-------------|--------------|-----------|-------------|------------------------|----------------------|--|---------------|---------------|-------------------|-------------------|--------------|------------------|--|-----------------|--------------|
| | | | | | Feed Panel (9025) | Mineral Panel (9030) | Dry Cow Mineral (Mineral Panel + S, Cl) (9045) | Lignin (9045) | Starch (9051) | Dry Matter (9050) | Composite : _____ | Other: _____ | NIR Basic (9010) | NIR Basic + Wet Chem CP, ADF, NDF (9011) | NIR Plus (9012) | Other: _____ |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

Account Type: ___ Visa ___ Mastercard ___ AMEX
 Cardholder Name _____
 Account Number _____
 Expiration Date _____ Billing Zip Code _____
 CVV2 (3 digit code on back of VISA/MC, 4 digit code on front of AMEX) _____

Signature: _____