



RAPID SCISSOR CUT FOR FORAGES ONLY

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NO.: _____

FAX NO.: _____

EMAIL: _____

REPORTED BY: EMAIL () FAX ()

DATE RECEIVED: _____

TIME RECEIVED: _____

| SAMPLE ID | SAMPLE DESCRIPTION | LAB # |
|-----------|--------------------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

*** Samples must be received no later than 3:00 pm. Results reported by noon the next day***