



Feed Assay Request

COMPANY

LOT ID #

ADDRESS 1

CONTACT NAME

ADDRESS 2

EMAIL

CITY

PHONE

FAX

PROVINCE

DATE

LOCAL BAM REPRESENTATIVE

ANALYSIS

Routine

Urgent

HAVE THEY BEEN CONTACTED?

No

Yes

IF URGENT, PLEASE EXPLAIN

SPECIAL NOTES

All samples must bear an identifying label corresponding to the lot number given above. Unlabelled samples will not be tested. **Please include a list of ingredients present in the feed** – full ingredient types please, not trade names.

	Identification	Medication For Testing	Concentration
Feed Analysis 1			
Feed Analysis 2			
Feed Analysis 3			
Feed Analysis 4			
	Identification	Medication	Concentration
Other Medication 1			
Other Medication 2			
Other Medication 3			
Other Medication 4			

Please print and send this PDF, along with samples that are clearly labelled and securely packaged to:
Bio Agri Mix, 11 Ellens St, Mitchell, ON, N0K 1N0 (519) 348-9865