

Feed Assay Request

COMPANY

CONTACT NAME

EMAIL

PHONE

DATE

ANALYSIS

Routine ☐ Urgent ☐

IF URGENT, PLEASE EXPLAIN

ADDRESS 1

ADDRESS 2

CITY

PROVINCE

LOCAL BAM REPRESENTATIVE

HAVE THEY BEEN CONTACTED?

No Yes

SPECIAL NOTES

Please send 100g-200g samples.

All samples must be labelled with the Sample ID as indicated below. Unlabelled samples will not be tested.

Include a list of other medications in feed (note: other medications will not be tested)

	Sample ID	Medication For Testing	Concentration in Feed (PPM)	Other Medications in Feed (PPM)
Feed Analysis 1				
Feed Analysis 2				
Feed Analysis 3				
Feed Analysis 4				
Feed Analysis 5				
Feed Analysis 6				
Feed Analysis 7				
Feed Analysis 8				