



FEED ANALYSIS REQUISITION FORM

To be filled by customer:

DATE AND TIME OF SAMPLING: _____

OWNER'S NAME: _____

SENDER'S NAME: _____ TEL/MOB: _____

ADDRESS: _____

RESULTS TO NAME: _____

EMAIL/FAX: _____

INVOICE TO: _____

- A. Grain Oats Barley Wheat Corn Mixture Other
- B. Forage Legume – 100% Legume – 75% Legume – 5 to 75%
- Grass – 100% Grass – 75% Grass – 5 to 75%

Sl. No.	Sample ID	Sample Description

Please tick the tests required

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Mineral Profile | <input type="checkbox"/> Proximate Analysis | <input type="checkbox"/> Heavy metals | <input type="checkbox"/> Microbiology |
| <input type="checkbox"/> Sodium | <input type="checkbox"/> Moisture | <input type="checkbox"/> Chromium | <input type="checkbox"/> Bacteriology |
| <input type="checkbox"/> Magnesium | <input type="checkbox"/> Fat | <input type="checkbox"/> Cadmium | <input type="checkbox"/> Fungal culture |
| <input type="checkbox"/> Manganese | <input type="checkbox"/> Protein | <input type="checkbox"/> Cobalt | <input type="checkbox"/> Mycotoxin Testing |
| <input type="checkbox"/> Calcium | <input type="checkbox"/> Fibre | <input type="checkbox"/> Lead | <input type="checkbox"/> Aflatoxin (ELISA) |
| <input type="checkbox"/> Potassium | <input type="checkbox"/> Ash | | <input type="checkbox"/> Fumonisin (ELISA) |
| <input type="checkbox"/> Zinc | <input type="checkbox"/> Starch | | |
| <input type="checkbox"/> Selenium | | | |
| <input type="checkbox"/> Phosphorous | | | |
| <input type="checkbox"/> Iron | | | |

**CENTRAL
VETERINARY
RESEARCH
LABORATORY**

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Note: By completing this requisition form, the customer is agreeing to the terms and conditions provided in CVRL website: <https://www.cvrl.ae/guidelines.php>

Sample Guidelines:
Approximately 200 grams of a representative sample should be submitted in an air tight polythene bag or container with proper identification. Proximate analysis requires 500 grams of a dry feed sample.

For CVRL use only:

DATE AND TIME OF ARRIVAL: _____ CASE ID: _____

INVOICE NO: _____ LAB NO: _____

OTHER REFERENCE NO: _____