# FEED ANALYSIS REQUISITION FORM

LABORATORY

مختبر أبحاث الطب البيطري المركزي

***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 |
|---|---|---|
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Please tick the tests required

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|---|---|---|---|
| ❑ **Mineral Profile** | | ❑ **Heavy metals** | **Microbiology** |
| ❑ Sodium | ❑ Magnesium | ❑ Chromium | ❑ Bacteriology |
| ❑ Manganese | ❑ Copper | ❑ Cadmium | ❑ Fungal culture |
| ❑ Calcium | ❑ Potassium | ❑ Cobalt | **Mycotoxin Testing** |
| ❑ Zinc | ❑ Selenium | ❑ Lead | ❑ Aflatoxin (ELISA) |
| ❑ Phosphorous | ❑ Iron | | ❑ Fumonisin (ELISA) |

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

***For CVRL use only:***

DATE AND TIME OF ARRIVAL: _____ CASE ID: _____

INVOICE NO: _____ LAB NO: _____

OTHER REFERENCE NO: _____

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