

# Please Submit with Samples

Name: \_\_\_\_\_

Farm/Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Analab Account #: \_\_\_\_\_

Results Reported by:  Mail  Fax  Email

## Sample Information

**Sample 1** Description: \_\_\_\_\_

Tests Required: \_\_\_\_\_

\_\_\_\_\_

**Sample 2** Description: \_\_\_\_\_

Tests Required: \_\_\_\_\_

\_\_\_\_\_

**Sample 3** Description: \_\_\_\_\_

Tests Required: \_\_\_\_\_

\_\_\_\_\_

**Sample 4** Description: \_\_\_\_\_

Tests Required: \_\_\_\_\_

\_\_\_\_\_

*Please Write Description on Each Sample*



**Send Samples to:**

**Analab**

**18246 Waller Rd**

**PO Box 208**

**Fulton, IL 61252**