ANALYSIS REQUEST FORM - BETA CASEIN FARM TESTS

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| **Client Information** | **Chain Of Custody Record** |
| **Name** | Required | **Date Sent**  | **Person Sending** |
| **Address** | Required | **Comments** |
| **Phone** | Required |
| **E-mail** | Required |
| **Contact Person** |  |
| **Client Reference** |  | ***Laboratory ID Number*** |
| **Quote #** |  | **Purchase Order #** |  |
| **Submitter** **(if not Client)** |  | ***Date Received*** | ***Received By*** | ***Condition*** |
| **Submitter****E-mail** |  | ***Reported*** | ***Invoiced*** | ***Sent to Client*** |

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| **Sample Identification** | **Individual Animal Testing****For Beta-Casein Type** | **Bulk Milk Testing****For A1 Beta-Casein %** |
| **#** | **Your Sample Identification****(to appear on report)** | **Milk** | **DNA Testing** |
| **Tissue** | **Blood** | **Genotube** | **Hair** |
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| **Sample Identification** | **Individual Animal Testing****For Beta-Casein Type** | **Bulk Milk Testing****For A1 Beta-Casein %** |
| **#** | **Your Sample Identification****(to appear on report)** | **Milk** | **DNA Testing** |
| **Tissue** | **Blood** | **Genotube** | **Hair** |
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