

# ANALYSIS REQUEST FORM

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## BETA CASEIN FARM TESTS

Client Information				Chain Of Custody Record		
<b>Name</b>				<b>Date Sent To Analytica</b>	<b>Person Sending</b>	
<b>Address</b>				<b>Comments</b>		
<b>Phone</b>						
<b>E-mail</b>						
<b>Contact Person</b>						
<b>Client Reference</b>						
<b>Quote #</b>		<b>Purchase Order #</b>		<i>Laboratory ID Number</i>		
<b>Submitter (if not Client)</b>				<i>Date Received</i>	<i>Received By</i>	<i>Condition</i>
<b>Submitter E-mail</b>				<i>Reported</i>	<i>Invoiced</i>	<i>Sent to Client</i>

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	
1							
2							
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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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