ANALYSIS REQUEST FORM - BETA CASEIN FARM TESTS

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| **Client Information** | | | | **Chain Of Custody Record** | | | |
| **Name** |  | | | **Date Sent To Analytica** | | **Person Sending** | |
| **Address** |  | | | **Comments** | | | |
| **Phone** |  | | |
| **E-mail** |  | | |
| **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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