



Sample Submission Form

96 Wellington Street North
 Drayton, ON, CA NOG1P0
 Tel: 519-638-3008

Lab Use Only	
Date Received:	
Time:	
Total Charge:	
Invoice #:	

Invoice/Report To		Copy of Report To	
Name:		Name:	
Address:		Address:	
City, Prov:	Postal Code:	City, Prov:	Postal Code:
Tel:	Fax:	Tel:	Fax:
Email:		Email:	
Required Reporting Method: <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Fax			

Lab Use Only	Sample Type (Feed, Forage, etc.)	Sample Description	Date Sampled
ID#			

Comments: _____
