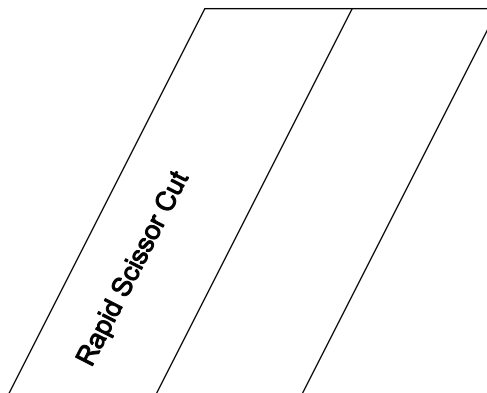




RAPID SCISSOR CUT Forages Only

Submitted By: _____
 Contact Name: _____
 Address: _____
 City: _____ Postal: _____
 Phone: _____
 Cell: _____
 Fax: _____
 Email: _____
 Date Submitted: _____
 Reported By: Email () Web () Fax ()



	Sample ID	Sample Description		
1				
2				
3				
4				
5				
6				
7				
8				
9				

Date Received: _____
 Time Received: _____

Samples must be received no later than 3:00 pm.

Results reported by 12:00 pm the next day.

Please contact the laboratory for pricing information.

Samples received without payment or prior credit arrangement will not be processed.

Please make cheque payable to SGS Canada Inc, or contact the laboratory with credit card information.

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