



Valued Quality. Delivered.

973 St. James Street
 Winnipeg, Manitoba R3H 0X2
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Request for Grading and Lab Service

(All analyses apply to submitted sample only)

Company: _____ Date: _____

Location: _____ Phone: _____

Contact: _____ Fax: _____

Total number of samples: _____ Email Address: _____

Please check requested service

* Grading includes: grade, reason for grade, protein, position in grade and other requested factors

* For moisture tests, sample must be in a sealed moisture proof container

Sample ID (minimum sample required)	Grading (500gm)	DKG	MST (275gm)	Falling Number Hagberg (300 gm)	DON ELISA (200 gm)	Other analysis (specify)
Complete this line if all samples require same analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments / Special instructions

Results Results to be received by: Email Fax Phone Regular mail

Office Use

Samples Received By:		Date:	
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