

Futari Grain Technology Services

REQUEST FOR ANALYSIS

CUSTOMER (FOR ACCOUNT):

Name	
Address	
Phone	
Email/ Fax	

SUBMITTED BY: (SUPPLY RESULTS Y/N)

Name	
Address	
Phone	
Email/ Fax	

Lab No. (office use)	Sample Type	Variety or ID	Order No or Sample ID	Other, eg Old/ New Season	Lot Weight	Test(s) Required

Other Instructions: _____

Signature: _____

Date: _____

OFFICE USE ONLY			
Received	Date Completed	Certificate Issued	Account Sent
_____	_____	_____	_____