**REQUEST FORM FOR**

RFA#:

Date:

**LABORATORY ANALYSIS**

Client Name:  Feeds  Soil  Others

Address:

Contact No.:

E-mail:

Contact Person & Number:

|  |  |
| --- | --- |
| **No.** | **Sample Name** |
|  |  |

**Analysis:**

Cation Exchange Capacity

Organic Matter

pH

Chloride

Sodium

Zinc

Zearalenone

Others:

Phosphorous

Calcium

Aflatoxin

Starch

Sugar

Lactose

Free Fatty Acid

Peroxide Value

Moisture

Ash

Ash Insoluble HCI

Crude Protein

Pepsin Digestibility

Crude Fiber

Crude Fat

Phosphorous Soluble in Citric Acid

|  |  |
| --- | --- |
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|  |  |

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Phosphorous Soluble in Citric Acid

Client Signature over Printed Name Receiving Officer