



# Submission Form



## Tissue, Grass, Feed and Water

<p><b>Practice Details</b>          Veterinary Surgeon:          Vet mobile:          Practice Name:          Practice Address (for invoicing):</p> <p>Post Code:          Practice Tel Number:</p> <p>Email Addresses (<b>For Results</b>):</p>	<p><b>Sample Information</b>          Farm ID:</p> <p>Sample type: tissue/ grass/ feed/ water/ other</p> <p>Tissue type and species:</p> <p>Sampling date:</p> <p>Posting date:</p>
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Select analytical tests required using ✓ For any individual variations, please state in the boxes below.

Singleton	Duplicate	Sample type	Analysis
		Tissue	Multimineral
		Tissue	Iodine

Singleton	Duplicate	Sample type	Analysis
		Water	Multimineral
		Water	Iodine

Singleton	Duplicate	Sample type	Analysis
		Grass/Forage/Feed	Multimineral
		Grass/Forage/Feed	Iodine

**Please note:** we advise running analysis in duplicate where the number of a sample type is less than 4, and singleton where there are 4 or more.

**If submitting multiple tissue types, please specify below the type of test required for each tissue.**

**Please make sure to state the species type for tissues for guideline ranges.**

Sample ID	Individual Tissue/Sample type	notes	Lab use only
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

For additional samples, please add on the back of the submission form

<p><b>Lab use only</b>          Laboratory reference: _____          Received date: _____ Processed date: _____ Initial _____</p>
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