



# 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

**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.

Singleton	Duplicate	Sample type	Analysis
		Water	Multimineral
		Water	Iodine

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

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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