



## FLW - WALK IN CLIENTS INFORMATION SHEET LABORATORY REQUEST FORM

PLEASE FILL UP

Laboratory Request # \_\_\_\_\_

- DATE RECEIVED: \_\_\_\_\_
- CLIENT'S NAME: \_\_\_\_\_
- ADDRESS: \_\_\_\_\_
- PHONE NO: \_\_\_\_\_
- CELLPHONE NO: \_\_\_\_\_
- EMAIL ADD: \_\_\_\_\_

LEGEND
CP - CRUDE PROTEIN
CFIBER - CRUDE FIBER
CFAT - CRUDE FAT
CA - CALCIUM
P - PHOSPHORUS

- SOURCE (PLACE) OF SAMPLES: \_\_\_\_\_
- NO. OF SAMPLES: \_\_\_\_\_

SAMPLE CODE:                      DESCRIPTION/KIND OF SAMPLES

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> SAMPLE 1  | <input type="radio"/> CP <input type="radio"/> CFIBER <input type="radio"/> CFAT <input type="radio"/> ASH <input type="radio"/> MOISTURE <input type="radio"/> CA <input type="radio"/> P <input type="radio"/> SALT <input type="radio"/> UREASE <input type="radio"/> MICROSCOPY <input type="radio"/> AFLATOXIN |
| <input checked="" type="checkbox"/> SAMPLE 2  | <input type="radio"/> CP <input type="radio"/> CFIBER <input type="radio"/> CFAT <input type="radio"/> ASH <input type="radio"/> MOISTURE <input type="radio"/> CA <input type="radio"/> P <input type="radio"/> SALT <input type="radio"/> UREASE <input type="radio"/> MICROSCOPY <input type="radio"/> AFLATOXIN |
| <input checked="" type="checkbox"/> SAMPLE 3  | <input type="radio"/> CP <input type="radio"/> CFIBER <input type="radio"/> CFAT <input type="radio"/> ASH <input type="radio"/> MOISTURE <input type="radio"/> CA <input type="radio"/> P <input type="radio"/> SALT <input type="radio"/> UREASE <input type="radio"/> MICROSCOPY <input type="radio"/> AFLATOXIN |
| <input checked="" type="checkbox"/> SAMPLE 4  | <input type="radio"/> CP <input type="radio"/> CFIBER <input type="radio"/> CFAT <input type="radio"/> ASH <input type="radio"/> MOISTURE <input type="radio"/> CA <input type="radio"/> P <input type="radio"/> SALT <input type="radio"/> UREASE <input type="radio"/> MICROSCOPY <input type="radio"/> AFLATOXIN |
| <input checked="" type="checkbox"/> SAMPLE 5  | <input type="radio"/> CP <input type="radio"/> CFIBER <input type="radio"/> CFAT <input type="radio"/> ASH <input type="radio"/> MOISTURE <input type="radio"/> CA <input type="radio"/> P <input type="radio"/> SALT <input type="radio"/> UREASE <input type="radio"/> MICROSCOPY <input type="radio"/> AFLATOXIN |
| <input checked="" type="checkbox"/> SAMPLE 6  | <input type="radio"/> CP <input type="radio"/> CFIBER <input type="radio"/> CFAT <input type="radio"/> ASH <input type="radio"/> MOISTURE <input type="radio"/> CA <input type="radio"/> P <input type="radio"/> SALT <input type="radio"/> UREASE <input type="radio"/> MICROSCOPY <input type="radio"/> AFLATOXIN |
| <input checked="" type="checkbox"/> SAMPLE 7  | <input type="radio"/> CP <input type="radio"/> CFIBER <input type="radio"/> CFAT <input type="radio"/> ASH <input type="radio"/> MOISTURE <input type="radio"/> CA <input type="radio"/> P <input type="radio"/> SALT <input type="radio"/> UREASE <input type="radio"/> MICROSCOPY <input type="radio"/> AFLATOXIN |
| <input checked="" type="checkbox"/> SAMPLE 8  | <input type="radio"/> CP <input type="radio"/> CFIBER <input type="radio"/> CFAT <input type="radio"/> ASH <input type="radio"/> MOISTURE <input type="radio"/> CA <input type="radio"/> P <input type="radio"/> SALT <input type="radio"/> UREASE <input type="radio"/> MICROSCOPY <input type="radio"/> AFLATOXIN |
| <input checked="" type="checkbox"/> SAMPLE 9  | <input type="radio"/> CP <input type="radio"/> CFIBER <input type="radio"/> CFAT <input type="radio"/> ASH <input type="radio"/> MOISTURE <input type="radio"/> CA <input type="radio"/> P <input type="radio"/> SALT <input type="radio"/> UREASE <input type="radio"/> MICROSCOPY <input type="radio"/> AFLATOXIN |
| <input checked="" type="checkbox"/> SAMPLE 10 | <input type="radio"/> CP <input type="radio"/> CFIBER <input type="radio"/> CFAT <input type="radio"/> ASH <input type="radio"/> MOISTURE <input type="radio"/> CA <input type="radio"/> P <input type="radio"/> SALT <input type="radio"/> UREASE <input type="radio"/> MICROSCOPY <input type="radio"/> AFLATOXIN |

SAMPLING DATE: \_\_\_\_\_

SAMPLING TIME: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

SIGNATURE OVER PRINTED NAME  
(CLIENT)

SIGNATURE OVER PRINTED NAME  
(FCAL STAFF)