

FeedIQ Laboratory 167 W FIRST STREET NEWELL, IA 50568 feedlab@feedig.org

LAB REQU	EST FORM -	INGREDIENTS
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Business Name:		SHIP TO:
Location (Mill):		Attn: FeedIQ Laboratory
Contact:		167 West 1st Street
Phone:		Newell, IA 50568
Contact Email:		712-272-3396
_		MYCOTOXIN

								MITCOTOXIN			
Sample Date	Ingredient	Ingredient Supplier Name	Ingredient Supplier Location	Ingredient Load ID/ BOL	NIR BASIC + AMINO ACIDS	PARTICLE SIZE ANALYSIS (Corn or Feed only)	Sieve Agent	AFLATOXIN	NOG	FUMONISIN	ZEARALENONE
							Y N				
							Y N				
							Y N				
							Y N				
							Y N				
							Y N				
							Y N				
							Y N				
							Y N				
							Y N				
							Y N				
							Y N				
							Y N				
							Y N				



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NEWELL, IA 50568 feedlab@feediq.org

LAB REQUEST FORM -	COMPLETE FEED
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	Business Name:		_				
	Location (Mill):		_				SHIP TO:
							Attn: FeedIQ Laboratory
	Phone:		_				167 West 1st Stree
	Contact Email:		-	,		,	Newell, IA 50568 712-272-3396
ımple Date	TYPE (Meal/Pellet)	Diet/Ration Name	Lot Number/ID	NIR BASIC + AMINO ACID	PELLET QUALITY TESTING	OTHER:	COMMENTS