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

LAB REQUEST FORM - INGREDIENTS

Business Name: _____

Location (Mill): _____

Contact: _____

Phone: _____

Contact Email: _____

SHIP TO:

Attn: FeedIQ Laboratory
167 West 1st Street
Newell, IA 50568
712-272-3396

Sample Date	Ingredient	Ingredient Supplier Name	Ingredient Supplier Location	Ingredient Load ID/ BOL	PARTICLE SIZE ANALYSIS	Sieve Agent	NIR BASIC + AMINO ACIDS	NIR SOYBEAN MEAL (PROX ONLY)	MYCOTOXIN			
									AFLATOXIN	DON	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						
						Y N						

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NEWELL, IA 50568
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LAB REQUEST FORM - COMPLETE FEED

Business Name: _____

Location (Mill): _____

Contact: _____

Phone: _____

Contact Email: _____

SHIP TO:

Attn: FeedIQ Laboratory
167 West 1st Street
Newell, IA 50568
712-272-3396

Sample Date	TYPE (Meal/Pellet)	Diet/Ration Name	Lot Number/ID	NIR BASIC + AMINO ACID	PELLET QUALITY TESTING	OTHER:	COMMENTS