Whole Grain Protein Analysis
Sample Submission Form

Cereal Quality Laboratory
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♦ Please submit one Sample Submission Form with each experiment to be analyzed.

Research Center: ___________________________ Phone: ___________________________
Contact: ___________________________ Fax: ___________________________
Address: ___________________________ E-mail: ___________________________

_________________________________________ Account to be charged: ___________________________

Grain Type (circle one):
Spring Wheat          Winter Wheat          Durum          Barley          Oats          Triticale
Other (please specify):

Experiment No. ________________ Description: ___________________________

Number of Samples:
Beginning Sample No: ________________ Ending Sample Number: ________________
Missing Sample Numbers:

PLEASE CONFIRM THE FOLLOWING:

Run protein outliers on LECO (reference method)? Yes No
SAVE Samples? Yes No
Report data via (circle one) FAX E-mail Mail (USPS)

Date by which results must be received (MM/DD/YY):
Plot No. – Entry No. will be used as the sample number unless otherwise specified.

Special instructions or comments:

_________________________________________
_________________________________________

LAB USE ONLY:
Date Received: ___________________________ Date Data Sent: ___________________________
Front Loaded: ___________ WAS# ___________                Invoice Number: ___________________________
Samples to be analyzed for protein content by Cereal Quality Lab
Sample Submission Form Enclosed

Research Center: ____________________________

Contact: ____________________________

Experiment: ____________________________

Total No. of Samples in Experiment: ________________

Box ________ of ________________

Samples must be analyzed by:

Samples to be analyzed for protein content by Cereal Quality Lab
Sample Submission Form Enclosed

Research Center: ____________________________

Contact: ____________________________

Experiment: ____________________________

Total No. of Samples in Experiment: ________________

Box ________ of ________________

Samples must be analyzed by:

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Research Center: ____________________________

Contact: ____________________________

Experiment: ____________________________

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Research Center: ____________________________

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Experiment: ____________________________

Total No. of Samples in Experiment: ________________

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Samples must be analyzed by: