

Sample Submittance Form

Whole Grain Protein Analysis

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◆ Please submit one **Sample Submittance 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: _____
Date Invoiced: _____