



## MILKID SUBMISSION FORM

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purchase Order: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Sampling Instructions

Take homogeneous samples of >10ml liquid or scoop of powder into leakproof tubes/pottles. Label using permanent marker. Commercially packed sachets are also accepted.

### Indicate testing required for each sample

Sample ID	Date sampled	Base Product Species	Contaminant/ Carry over Species
HNC4	4/7/19	Goat	Cow
HNY12	5/7/19	Sheep	Cow, Goat

Send samples in well packaged leak proof containers to

**dnature diagnostics & research Ltd**  
**60 Carnarvon Street**  
**Gisborne 4010**