



William H. Miner Agricultural Research Institute

Milk Laboratory

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Sample Submission Form

Submission By: _____
Name: _____
Street Address: _____
City, State, Zip: _____
Phone #: _____
Email: _____

Bill To: Same as Submission By <input type="checkbox"/>
Name: _____
Attention: _____
Street Address: _____
City, State, Zip: _____
Phone #: _____
Email: _____

Results To: Same as Submission By <input type="checkbox"/>
Name: _____ Email: _____
Name: _____ Email: _____
Name: _____ Email: _____
Name: _____ Email: _____

Notes:

Farm ID	Miner OF # (if known)	Vial ID	Sample Date	Sample Description (e.g. Tank 1, High Group, Cow ID)	Sample Type	Milk, lb/cow	Primary Breed
					<input type="checkbox"/> Tank <input type="checkbox"/> Pen/Group <input type="checkbox"/> Cow		<input type="checkbox"/> Holstein <input type="checkbox"/> Jersey <input type="checkbox"/> _____
					<input type="checkbox"/> Tank <input type="checkbox"/> Pen/Group <input type="checkbox"/> Cow		<input type="checkbox"/> Holstein <input type="checkbox"/> Jersey <input type="checkbox"/> _____
					<input type="checkbox"/> Tank <input type="checkbox"/> Pen/Group <input type="checkbox"/> Cow		<input type="checkbox"/> Holstein <input type="checkbox"/> Jersey <input type="checkbox"/> _____
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