Sample Submission Form

Date collected: ___________________________
Date shipped: ____________________________ (Samples should be shipped overnight on ice)
Farm Name: ____________________________________________
Sample ID (i.e., barn #, sample location): ______________________
Contract Company: __________________________________________

Tests Requested
Aerobic Plate Count ___ E. coli/coliforms ___
Yeasts and Molds ___ Minerals ___

Send Results and Billing To:
Name: ________________________________________________
Address: _____________________________________________
____________________________________________________
____________________________________________________
E-mail: _______________________________________________
Phone: ____________________________________________

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