



Agriculture

**Quality Evaluation Division
Laboratory Services Section**
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<http://www.gov.ns.ca/agri/qe/LabServ>

CALIBRATION SAMPLE SUBMISSION FORM

Name: _____

Mailing Address: _____

Tel: _____ Fax: _____

Email: _____

Invoice to: _____

Purchase Order Number: _____

Contact Name: _____

Report to: _____

| Sample ID | Product Type (please give estimated % fat) | Analysis Requested (✓) | |
|-----------|---|------------------------|------------------|
| | | Fat (%) | Total Solids (%) |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |