OKLAHOMA Agriculture, Food and Forestry					I	REQUEST FOR ANALYSIS (Chain-of-Custody Form)											ODAFF-Laboratory Services 2800 N. Lincoln Blvd. P.O. Box 528804 Oklahoma City, OK 73152 Phone: (405) 522-5431			
Name/Contact:							In	voice:												
Address:					•	Address:							-							
City, State, Zip:					City, State, Zip:									_						
Phone:						Phone:							_		Lab Use Only					
Fax:						Fax:									-		Section/Sample:			
Email:					Email:								_		Feed					
																		Fertilizer		
																		Lime		
		Preservation OR Label Guarantee																Meat		
		vat bel																Food Safety		
		ssei La arai																Dairy		
		Pre Gu																Inorganic		
																		Pesticide		
		ne																Seed		
		Var																Delivery Method	l	
		Test Name																Hand		
		Te																Mail		
																		Courier		
Sample Collection																	(attach receipt)			
Sample Description	Date														ļ		Lab Number			
		ĺ																		
		İ																		
			I requ	est the	e abov	e analy	/sis be	perfor	med a	nd und	lerstar	nd I m	ay be r	require	d to p	ay asso	ciated	d fees.		
		I request the above analysis be performed and understand I may be required toRelinquished by:Date/Time:Accepted by:									Date/Time:									