

Canadian Grain Commission/Grain Research Laboratory
REQUEST FOR SERVICE

External

(Shaded areas to be completed by Sample Receival Section personnel)

Request No.:	No. of Samples:	GRL Sample Numbers: S through S
Date: YY MM DD		Sample Submitted by:

Sample Description: **Size:** _____ **grams** **Grain type:** _____

Analysis Required:

Client Name:			Contact Person:
Address:			Phone No.:
City:	Province:	Postal Code:	Fax No.:
			Email:

Invoice to be sent to (if different from above):			Contact Person:
Address:			Phone No.:
City:	Province:	Postal Code:	Fax No.:
			Email:

Comments:

Send samples and completed Request for Service Form to:
Canadian Grain Commission
Grain Research Laboratory
B-46 303 Main Street Winnipeg MB R3C 3G8
 If further information is required, call (204) 983-2289

Results to be compiled and reported by: