



Revision # 6 (2022-04-01)

Authorized by : F. Lortie  
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Shaded areas for CZRI use only

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### F(1.1b) -Sample Submission Form - Chemistry (Food)

Please send the completed form to [irzc-echantillons@umoncton.ca](mailto:irzc-echantillons@umoncton.ca)  
or have a printed copy available when submitting samples

Job #:  
Reception date:  
Reception time:  
Received by:  
Samples damaged:  
 no  yes  
Insufficient sample:  
 no  yes  possibly  
If cash: \_\_\_\_\_ \$ \_\_\_\_\_  
(inc. taxes) initials

|           |              |                       |  |
|-----------|--------------|-----------------------|--|
| Customer: | Contact:     | Additional copy(ies): | Turnaround time:                                     |
|           |              |                       | Routine <input type="checkbox"/>                     |
| Address:  | Telephone #: |                       | Rush <input type="checkbox"/> 24-36 hours            |
|           |              |                       | (surcharge applies): <input type="checkbox"/> 2 days |
|           | Email:       | PO / Project #:       | <input type="checkbox"/> 3 days                      |
|           |              | Quote #:              | Date due:  |

Payment type:  Billed  Check  Cash  
Sample type:  Food  Meal / Feed  
 Other: \_\_\_\_\_  
Sampled by: \_\_\_\_\_ # of samples: \_\_\_\_\_

Special instructions: \_\_\_\_\_  
**Agreement:** By signing this electronic document, I agree that my digital signature is the legally binding equivalent of my handwritten signature.

Customer signature: \_\_\_\_\_

Subcontracted (Please refer to price list L(1.1b)) :

|    |                                     | Requested analyses |                      |                     |                 |               |                               |                              |                     |                           |                      |   |                                      |                 |                    |                       |                     |                          |  |                       |                      |                                    |                 |                                   |        |        |  |
|----|-------------------------------------|--------------------|----------------------|---------------------|-----------------|---------------|-------------------------------|------------------------------|---------------------|---------------------------|----------------------|---|--------------------------------------|-----------------|--------------------|-----------------------|---------------------|--------------------------|--|-----------------------|----------------------|------------------------------------|-----------------|-----------------------------------|--------|--------|--|
| ID | Sample description / identification | Date / Time        | PA1 - Homogenization | PA2 - Freeze-Drying | PA3 - Defatting | PA4 - Other : | PAH - % Moisture / Dry Matter | PAC - % Ash / Organic Matter | PAMGS - % Crude Fat | PAPBTKN - % Crude Protein | PAS - % Salt ( NaCl) | PAPTAG-S - Fatty Acid Profile (exc. Trans fats) | PAAAT - Amino acids (exc. Trp & Cys) | PACYS - Cystein | PATRP - Tryptophan | PAIP - Peroxide Value | PAIPA - p-Anisidine | PAAGL - Free Fatty Acids | PAABVT - Total Basic Volatile Nitrogen | PAAST-S - Astaxanthin | PMCMS - Trace Metals | PAMT-S - Heavy Metals (As, Cd, Pb) | PMCHG - Mercury | PAVN - Nutritional value (Canada) | Other: | Other: |  |
|    |                                     |                    |                      |                     |                 |               |                               |                              |                     |                           | X                    |   | X                                    | X               | X                  |                       |                     |                          |  |                       |                      | X                                  | X               | X                                 | X      |        |  |
|    |                                     |                    |                      |                     |                 |               |                               |                              |                     |                           |                      |   |                                      |                 |                    |                       |                     |                          |  |                       |                      |                                    |                 |                                   |        |        |  |
|    |                                     |                    |                      |                     |                 |               |                               |                              |                     |                           |                      |   |                                      |                 |                    |                       |                     |                          |  |                       |                      |                                    |                 |                                   |        |        |  |
|    |                                     |                    |                      |                     |                 |               |                               |                              |                     |                           |                      |   |                                      |                 |                    |                       |                     |                          |  |                       |                      |                                    |                 |                                   |        |        |  |
|    |                                     |                    |                      |                     |                 |               |                               |                              |                     |                           |                      |   |                                      |                 |                    |                       |                     |                          |  |                       |                      |                                    |                 |                                   |        |        |  |
|    |                                     |                    |                      |                     |                 |               |                               |                              |                     |                           |                      |   |                                      |                 |                    |                       |                     |                          |  |                       |                      |                                    |                 |                                   |        |        |  |
|    |                                     |                    |                      |                     |                 |               |                               |                              |                     |                           |                      |   |                                      |                 |                    |                       |                     |                          |  |                       |                      |                                    |                 |                                   |        |        |  |
|    |                                     |                    |                      |                     |                 |               |                               |                              |                     |                           |                      |   |                                      |                 |                    |                       |                     |                          |  |                       |                      |                                    |                 |                                   |        |        |  |

Samples received by :

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Completed by :  
Date :