

FARRP Sample Analysis Request Form



Lab Contact for Shipping or Testing Questions:			Lab Use Only							Lab Use Only															
Phone: (402-472-4484) University of Nebraska - Lincoln											R	ece	ive	Da	te:										
Fax: (402-472-4474) Department of Food Scie										F	Receive Date: Received By:														
	nter 1901 North 21st Street	treet											Sample Type:												
Lincoln, NE 68588-6207																									
												Ve	erifie	ed E	3y:										
Contact Information - Results					В	illin	ng li	nfo	rma	atio	n (i	f dif	fere	ent	fror	n c	onta	act	info	orm	atic	n)		_	
Company Name:				Co			-															-			
Company Name:				СС С	Dillin		ont	no.																_	
Contact to Receive Reports																									
Contact Address:				В	IIIIn	g Ac	aare	ess:																	
Contact Phone:																									
Contact Email:		Billing Phone:																							
Others to Receive Results:		Billing Email:																							
		PO# (if applicable):																							
Contact for Test Sample Issues:																									
		Is a hard copy required, in addition to the emailed report? YES NO Is this a finished food needing to meet gluten free labeling? YES NO																							
		13	une	5 0 1	11131	icu	100	une	Jour	ng t	0 111	661	giut	CIII	100	ab	CIIII	g:	'				10	_	
Special Requests for Testing or Reporting:																									_
Special Requests for Testing or Reporting:																									
																								_	
 Requested sample size for testing is 100 grams of repre- 	esentative sample												**												
 Contact lab to discuss and schedule analysis, in particular for enzyme, fermented, 											*	ш *	R-Biopha												
 or hydrolyzed samples, and large volumes. Each swab may only be tested for one allergen. 		ost								_	arm	phai	-Bi												
** Swab testing not available for these gluten methods		he								ogei	ioph	-Bio	iveF												
 Negative Controls may be required for Buckwheat and Clam testing. Contact Managers. For additional shipping information, terms and conditions, 		ole t								Ne	R-B	е В	Detit												
 please visit: https://farrp.unl.edu/sample-analysis-request For test method information and limitations, please visit: 		qout		eat*				an		5ppm Neogen	5ppm R-Biopharm**	10ppm R-Biopharm	und S		Ð		nia	k							
https://farrp.unl.edu/commercial-test-methods-specifications			puo	whe	Nec	*_	onut	tace		en 5	en 5p	Iten 10ppm R-Biol	en C	elnut	amin	e	adar	I Mil	tard	Jut	n	Pistachio	ame		μ
Please note: turnaround times rely on no sample or Sample Identification (Limit of 64 Characters)	Lab Use Only	RUS	Alm	Buch	Casl	Clan	ő	Crus	Egg	Glute	Glute	Glut	Glut	Haz(Hist;	-upi	Vac	Fota	Mus	Pear	Pec	Dista	Ses	Soy	Nalr
		Γ				Ŭ			-	Ŭ	<u> </u>	Ŭ	Ŭ	-	-	_	_		1	-	-		0,		-
													_	_	_	_		_				H	_		
													_		_	_						H	_		
																						Ш			
			Γ																						