



PROJECT NAME:	COMPANY NAME:	INVOICE TO:
REFERENCE NUMBER:	CONTACT NAME:	CONTACT NAME:
P.O. NUMBER	ADDRESS:	ADDRESS:
REQUIRED DUE DATE (MM-DD-YY):	CITY / STATE / ZIP:	CITY / STATE / ZIP:
METHOD OF SHIPMENT:	TELEPHONE: () EXT. _____	TELEPHONE: () EXT. _____
	FAX: ()	FAX: ()
NUMBER OF COOLER / PACKAGES:	E-MAIL:	E-MAIL:

SUBMIT ORDERS TO:
 ANALYTICAL FOOD LABORATORIES
 ATTN: SAMPLE RECEIVING
 865 GREENVIEW DRIVE
 GRAND PRAIRIE, TEXAS 75050

IF ANY QUESTIONS PLEASE CALL:
 (972) 336-0336 OR
 1-(800) 242-6494
 FAX: (972) 623-0055
 E-MAIL: AFL@AFLTTEXAS.COM

RESULTS ARE TO BE VIA: FAX E-MAIL VERBAL OTHER (PLEASE SPECIFY)

SAMPLE DESCRIPTION	I.D. (ie. LOT#)	SERVING SIZE	• TOTAL CARBOHYDRATES	RIBOFLAVIN (Vitamin B2)
		• CALORIES	• NET CARBOHYDRATES	NIACIN
		• CALORIES FROM FAT	• DIETARY FIBER	VITAMIN E
		▶ (MOISTURE)	▶ SOLUBLE FIBER	VITAMIN B6
		▶ (ASH)	▶ INSOLUBLE FIBER	FOLIC ACID
		• TOTAL FAT	• SUGARS	VITAMIN B 12
		▶ SATURATED FAT	SUGAR ALCOHOL (sorbitol)	PHOSPHORUS
		▶ MONOUNSATURATED FAT	• PROTEIN	MAGNESIUM
		▶ POLYUNSATURATED FAT	• VITAMIN A (Retinal or B-carotene)	ZINC
		▶ TRANSFAT (JAN 2006)	• VITAMIN C	COPPER
		• CHOLESTEROL	• CALCIUM	PANTOTHENIC ACID
		• SODIUM	• IRON	VITAMIN D
		POTASSIUM	THIAMIN (Vitamin B1)	ALCOHOL CONTENT

ADDITIONAL COMMENTS / INSTRUCTIONS: **(BOLD) REQUIRED ON MANDATORY NLEA LABEL**

CHAIN OF CUSTODY CONDITION UPON RECEIPT:
Good (sample intact) **Acceptable** (Packaging damaging but sample acceptable) **Unacceptable** (sample integrity is in question)

Sampled by: _____	Date: _____	Time: _____	Received by: _____	Date: _____	Time: _____
Relinquished: _____			Lab job No: _____		