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|--|--|--------------------|--|------------|--|--|--|----------|-----------|--------------|--------------|-----------------------------|--|---|--|--|
| <p style="text-align: center;">U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE ACCREDITED LABORATORY PROGRAM</p> <p style="text-align: center;">FOOD CHEMISTRY ACCREDITATION ANALYTICAL RESULTS</p> <p>INSTRUCTIONS (See page 2 for additional instructions):</p> <ul style="list-style-type: none"> ▪ If samples do not arrive in good condition, please contact the Accredited Laboratory Program via telephone (see page 2). ▪ Send report of results to ALP (see page 2). ▪ Report results to 2 decimal places. | <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border-bottom: 1px solid black;">1. LABORATORY NAME</td> <td style="border-bottom: 1px solid black;">2. LAB NO.</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">3a. STREET ADDRESS (P.O. Box alone not acceptable)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">3b. CITY</td> <td style="border-bottom: 1px solid black;">3c. STATE</td> <td style="border-bottom: 1px solid black;">3d. ZIP CODE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">4. DATE SENT</td> <td colspan="2" style="border-bottom: 1px solid black;">5. DATE RESULTS DUE TO ALP:</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;"> 6. TYPE OF SAMPLES: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;"> <input type="checkbox"/> PROBATIONARY </div> <div style="text-align: center;"> <input type="checkbox"/> ACCREDITATION <input type="checkbox"/> FIRST SET <input type="checkbox"/> SECOND SET </div> </div> </td> </tr> </table> | 1. LABORATORY NAME | | 2. LAB NO. | 3a. STREET ADDRESS (P.O. Box alone not acceptable) | | | 3b. CITY | 3c. STATE | 3d. ZIP CODE | 4. DATE SENT | 5. DATE RESULTS DUE TO ALP: | | 6. TYPE OF SAMPLES: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;"> <input type="checkbox"/> PROBATIONARY </div> <div style="text-align: center;"> <input type="checkbox"/> ACCREDITATION <input type="checkbox"/> FIRST SET <input type="checkbox"/> SECOND SET </div> </div> | | |
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| 3b. CITY | 3c. STATE | 3d. ZIP CODE | | | | | | | | | | | | | | |
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| 7. CHECK SAMPLE ANALYSES REQUIRED: | | <input type="checkbox"/> MOISTURE | <input type="checkbox"/> PROTEIN | <input type="checkbox"/> FAT | <input type="checkbox"/> SALT |
|------------------------------------|--|-----------------------------------|----------------------------------|------------------------------|-------------------------------|

| SAMPLE NO. | 8. TYPE OF PRODUCT | 9. AMOUNT (in percent by weight) | | | |
|------------|--------------------|----------------------------------|---------|-----|------|
| | | MOISTURE | PROTEIN | FAT | SALT |
| 1 | | | | | |
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| SAMPLE NO. | 8. TYPE OF PRODUCT | - "5 A C I B H (in percent by weight) | | | |
|------------|--------------------|---------------------------------------|---------|-----|------|
| | | MOISTURE | PROTEIN | FAT | SALT |
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10. COMMENTS:

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| 11. ENTRIES HAVE BEEN CHECKED FOR ACCURACY | PRINT NAME OF ANALYST | |
| | SIGNATURE OF ANALYST | DATE |
| 12. VERIFIED BY: | PRINT NAME OF AUTHORIZED OFFICIAL | |
| | SIGNATURE OF AUTHORIZED OFFICIAL | DATE |

5 XX]hcbU`fYdcf]b[`fYei]fYa Yb]g.
Laboratories may not subcontract out any check samples. If you are unable to analyze samples, ALP personnel must be notified before the due date.
All entries on forms and reports should be clearly **typed** on the original and sent by mail.
Check sample results must be received **on or before the due date** indicated on the report form.
Retain a copy of your Check Sample Results for your records.
5`V&ffYgdc bXYbW`g\ ci `X`VY`gYb]h]c`h Y`Z`ck]b[`UXXfYgg.
5 VVYX]hYX`@JcfUc fmiDfc[fUa
I G8 5 Z: G-GZCD<G
Fi ggY`F YgYUFW`7 Yb]hYf
-) \$7 c`Y[Y GH]cb`FcUX
5 h Ybgz; 5 " \$* \$)
f]h-\$* L) (* !& ' ' +