

## Republic of the Philippines Department of Agriculture BUREAU OF ANIMAL INDUSTRY Vicayer Ave. Piliman Overen City

Visayas Ave., Diliman, Quezon City TIN NO.: 300000746316

## REQUEST TO ANALYZE FEEDS SAMPLE/S

| Name of Laboratory:<br>Address:                         | VETERINARY LABORATORY DIVISION (VLD)- CHEMICAL AND FEED ANALYSIS SECTION (CFAS) BAI Compound, Visayas Ave., Diliman, Quezon City |              |                            |               |   |                              |                      |  |  |  |  |
|---|--|--------------|----------------------------|---------------|---|------------------------------|----------------------|--|--|--|--|
| Client Information:                                     |  |              |                            |               |   |                              |                      |  |  |  |  |
| Company: Address: Email: Contact number: BAI LTO number |  |              |                            |               | -<br>-<br>-<br>-                                    |                              |                      |  |  |  |  |
| * Product Sample Name<br>(Brand Name /Generic Name)     | * Batch<br>Number  | * Lot Number | * Date of<br>Manufacturing | * Expiry Date | *Country of Source                                  | *Analysis to be conducted    |                      | *Remarks   |  |  |  |
| Ex. Bai-bai cat food                                    | 12345  | B1G1j239     | July 11,2023               | July 11,2025  | China   | c/o LRCS Technical Evaluator |                      | Sample   |  |  |  |
|   |  |              |                            |               |   |                              |                      |  |  |  |  |
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|   |  |              |                            |               |   |                              |                      |  |  |  |  |
| Prepared and Submitted by:  Name of Company Representat | ive  | -            |                            |               |   | Endorsed by:                 | Licensing, Registrat | ion, and Certification Section Technical Evaluator |  |  |  |
| ,                 |  |              |                            |               |   |                              |                      |  |  |  |  |
| Date:   |  | _            |                            |               | Note:   |                              | Date:                |  |  |  |  |
|   |  |              |                            |               | Kindly check the ☐ for the purpose of testing.      |                              |                      | Contact information                                |  |  |  |
| Received by: CFAS receiving officer                     |  | -            |                            |               | ☐ Initial registration                              |                              |                      | Contact no. (02) 528- 2240 local. 11501-11504      |  |  |  |
|   |  | _            |                            |               | ☐ Renewal registration                              |                              |                      | Email: afvdbcd@bai.gov.ph                          |  |  |  |
| Date:   |  |              |                            |               | *Required field (Fill out the required information) |                              |                      |  |  |  |  |