

**ALPACA FIBER SAMPLE SUBMISSION FORM**

**ALL CHECKS SHOULD BE MADE PAYABLE TO TEXAS A&M AGRILIFE RESEARCH**

Owner Name: \_\_\_\_\_

Farm/Ranch: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Samples: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

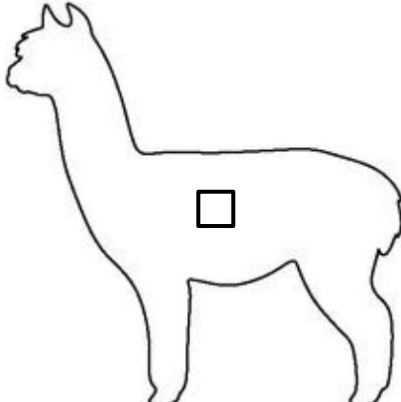
Requesting Average Fiber Diameter (micron) Testing? YES \_\_\_\_\_ NO \_\_\_\_\_ \*\*

Please specify micron cutoff: Less than 30 \_\_\_\_\_ Greater than 30 \_\_\_\_\_

\*\* If NO, please specify service requested: \_\_\_\_\_

ANIMAL ID/TAG #	REGISTRATION # (if applicable)	ANIMAL NAME (if applicable)

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2" x 2" side sample