

CASHMERE 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: _____

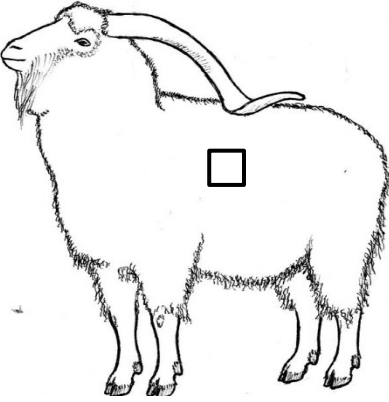
Requesting Average Fiber Diameter (micron) Testing? YES ___ NO ___ **

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
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