TEXAS A&M AGRILIFE RESEARCH

WOOL FIBER SAMPLE SUBMISSION FORM

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

Owner Name: _____

Farm/Ranch: _____

Address: _____

Email: _____ Phone: _____

Are you a member of a state association affiliated with American Sheep Industry Association?

YES ___ NO ___

If yes, please provide state association name: _____

Number of Samples: _____ Amount Enclosed: _____

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

** If NO, please specify service requested: _____

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

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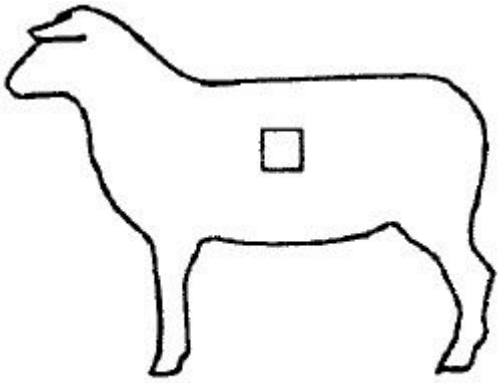

2" x 2" side sample