
Idaho Food Quality Assurance Laboratory Sample Submission Form



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(208-)732-5325

			Date:
Submitter Name:			
Agency:			
Mailing Address:			
City:	State:	Zip:	
Telephone #:		Fax#:	
e-mail address:			

Sample Matrix:
Tests Requested:
Sample ID #:

(If you need your results reported to someone other than the above named person, please specify to whom you would like them to be reported.)