

NLEA Analysis Request Form

CLIENT INFORMATION

 Company: _____
 Contact: _____
 Address: _____

 Phone #: _____
 Email Report to: _____
 (these will be the only addresses included in the sample communication)

BILLING INFORMATION (please indicate if the same)

 PO #: _____
 Contact: _____
 Bill to: _____

 Phone #: _____
 Email Invoice to: _____

Relinquished By: _____ Date/Time: _____

Sample ID: _____

Sample Description: _____

Mandatory 2018 NLEA Labeling		
<input type="checkbox"/>	Assay Requested	Notes
<input type="checkbox"/>	Nutritional Package	Includes all * items. Please be sure to indicate Fiber analysis based on FDA beneficial fiber definition.
<input type="checkbox"/>	*Ash	
<input type="checkbox"/>	*Calories	No charge with protein, moisture, fat and ash
<input type="checkbox"/>	*Carbohydrates	No charge with protein, moisture, fat and ash
<input type="checkbox"/>	*Cholesterol	
<input type="checkbox"/>	*Dietary Fiber	<input type="checkbox"/> Total by AOAC 991.43/985.29 <input type="checkbox"/> Total by AOAC 2009.11
<input type="checkbox"/>	*Fat by GC	Saturated, monounsaturated, polyunsaturated, trans fat
<input type="checkbox"/>	*Minerals	Calcium, Iron, Potassium, Sodium
<input type="checkbox"/>	*Moisture	
<input type="checkbox"/>	*Protein	
<input type="checkbox"/>	*Sugar	Fructose, Glucose, Lactose, Maltose, Sucrose
<input type="checkbox"/>	*Vitamin D	Vitamin D ₂ and D ₃
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

These analyses are voluntary for NLEA Labeling		
<input type="checkbox"/>	Assay Requested	Notes
<input type="checkbox"/>	Dietary Fiber Soluble/Insoluble	By AOAC 2011.01
<input type="checkbox"/>	Folate/Folic Acid	<input type="checkbox"/> Not Fortified <input type="checkbox"/> Fortified
<input type="checkbox"/>	Magnesium	
<input type="checkbox"/>	Phosphorus	
<input type="checkbox"/>	Sugar Alcohol	
<input type="checkbox"/>	Vitamin A	<input type="checkbox"/> Retinol <input type="checkbox"/> β- Carotene
<input type="checkbox"/>	Vitamin B1	(Thiamine)
<input type="checkbox"/>	Vitamin B2	(Riboflavin)
<input type="checkbox"/>	Vitamin B3	(Niacin)
<input type="checkbox"/>	Vitamin B5	(Pantothenic Acid)
<input type="checkbox"/>	Vitamin B6	(Pyridoxine)
<input type="checkbox"/>	Vitamin B12	
<input type="checkbox"/>	Vitamin C	
<input type="checkbox"/>	Vitamin E	(Alpha-tocopherol)
<input type="checkbox"/>	Zinc	

 If a Nutritional Facts Mock Label is needed, please check the box and we will be happy to provide you with more information about a reliable source for labels.

 Comments: _____

Office Use Only:		
Received by Signature: _____	Date/Time _____	Acceptable /Temperature _____
PAM: _____	Invoice # _____	
Price: _____	Total: _____	
Code: _____	Invoice Date: _____	
Report Date: _____		