

Department of Agriculture, Stanley, Falkland Islands

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OFDA2000 FLEECE MEASUREMENT TEST REQUEST

Farm and Client Name: _____

Mob Name: _____

****Date Born/Shorn Last Season:** _____

****Date Shorn/Sample Taken This Season:** _____

NB Sample must have minimum length of 45mm

***** MUST have both the above dates as cannot test without them***

Number of Samples submitted for testing: _____

Tests Requested (please tick):

ALL tests

1: Micron

7: SD CRV

2: MicDev

8: Staple Length

3: SD

9: Min Mic

4: CVD

10: Max Mic

5: CF

11: FPFT

6: CRV

12: SD Along

Please note: samples tested on OFDA2000 cannot be claimed on FIP

PLEASE RETURN THIS FORM TO DoA WITH SAMPLES FOR TESTING

For Department of Agriculture use only:

Received By: _____

Date received: _____

Date tested: _____

Date Invoiced: _____