

Canadian Feed Research Centre

10029 Marquis Ave North Battleford SK S9A 3W2

CFRC Feed Production Request Form

Researcher	Alternative Contact		
Email	Email		
Phone #	Phone #		
Date of Request	Required by		
ъ и			

Delivery address

Please enter any specific delivery instructions or biosecurity protocols if required. Billing address which can be email address **MUST** be added

Complete CFOPAL# (Mandatory)

Brief description of feed

Volumes of each feed type/size/description or attach a copy of research protocol if convenient

Ingredients

Formulation should be attached with request form, here is where you note any specific sources or exclusions if required. If no comment, ingredients will be sourced from ISL (Cargill). If Vet 'Script required please arrange for this with request form. This **MUST** be onsite before we manufacture

Formulation Attached Formulation Signed

All desired ingredients Ap Are all grains within toxin a	•		No		
below	action levels? See in	Yes	No		
(If "No" to either question please attach of	a copy of research exemption o	er other documentation where	applicable)		
https://www.inspection.gc.ca/animal-hea	lth/livestock-feeds/regulatory-g	guidance/rg-8/eng/13473839-	43203/1347384015909?chap=1		
Veterinary Prescription a Product Description	attached? Yes	Not Required	l		
Product type Mash	Crumble	Pellet F	Flaked		
Size/description					
Sample Requirement You	es No				
(If yes, list specific ingredier	nts or volume require.	ments if greater thai	n 1 kg)		
Packaging 20 kg	25 kg Tote	Reusable bulk b	in Bulk		
Process record Requireme	nts Batch Sheet	Temperature	Energy Use		
Would you like to be prese	ent during production	on? Yes No	1		
(If Yes mention name and o	contact)				
Other Requirements and Comments					
Authorized Signature		Name			
For Office Use only					
Receipt Confirmation Sent		Research exempt included if required			
Vet Prescript attached if re	equired S	Signature Included			
Authorized Signature		Date			
Name		Title			