



**CLASSINGS
LABORATORY**

Phone: (08)85323065
25 Sturt Street, Murray Bridge SA 5253

WOOL TESTING REQUIREMENT FORM

Please complete and return with next group of samples

NAME.....

ADDRESS.....

.....

PHONE.....**FAX**.....

EMAIL.....

TESTING REQUIRED:

please tick

Option 1 (Mic., Mic.Dev.,CV%,S.D.,%>30u)

Option 2 (opt. 1 plus yield)

Option 3 (opt 2 plus vis.quality, comments)

Option 4 (opt 3 plus GFW%,CFW%,latest market price, fleece value)

(Note: Curvature and spinning fineness included in all Options)

MERINO SELECT/RAMPOWER FORMAT

(**require**: year of drop, wool growth, age of animal, shearing date, plus index percentage e.g. 6% mp)

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REFERENCE: (e.g. rams, ewes, workers. etc.)

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FURTHER COMMENTS/INSTRUCTIONS:

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FAVOURITE BAND

