



902 13th Street North
 Benson, MN 56215
 320-843-4109
 Fax 320-843-2074

604 Highway 15 West
 Northwood, ND 58267
 701-587-6010
 Fax 701-587-6013

375 Kimberly Rd
 Winkler MB R6W-4B9

MANURE INFORMATION FORM

Fill bottle 3/4 full. DO NOT OVERFILL. Close cap securely. Write sample ID on bottle cap. Put bottle in plastic bag and seal.
 Completely fill out information Form. PLEASE DO NOT PUT FORM IN PLASTIC BAG WITH SAMPLE.
 To preserve sample during shipping, freeze or use ice pack.

Grower:

Name
Address
Address
City, State, Zip

Submitter:

Account Number
Name
Address
City, State, Zip

SAMPLE IDENTIFICATION:

<p style="text-align: center;">Test Analysis</p> <p>M1 Complete: % Moisture, Total Nitrogen, Phosphorus, Potassium, Sulfur, Calcium, Magnesium, Sodium Manganese, Copper, Zinc, and Iron <input type="checkbox"/></p> <p>M2 Complete with Ammonium <input type="checkbox"/></p> <p>M6 Complete with Ammonium and Nitrate Nitrogen <input type="checkbox"/></p> <p>M3 Partial: % Moisture, Total Nitrogen, Phosphorus, Potassium <input type="checkbox"/></p> <p>M5 Partial with Ammonium <input type="checkbox"/></p> <p>M4 Partial with Ammonium and Nitrate Nitrogen <input type="checkbox"/></p>	<p style="text-align: center;">ADDITIONAL TESTS:</p> <p>Ammonium Nitrogen <input type="checkbox"/></p> <p>Nitrate Nitrogen <input type="checkbox"/></p> <p>Total Carbon <input type="checkbox"/></p> <p>pH <input type="checkbox"/></p> <p>Salts <input type="checkbox"/></p> <p>Volatile Solids <input type="checkbox"/></p> <p>Extra Elements <input type="checkbox"/></p> <p>Percent Ash <input type="checkbox"/></p> <p>Minimum Charge <input type="checkbox"/></p>	<p style="text-align: center;">ADDITIONAL TESTS:</p> <p>Sulfur <input type="checkbox"/></p> <p>Zinc <input type="checkbox"/></p> <p>Iron <input type="checkbox"/></p> <p>Copper <input type="checkbox"/></p> <p>Manganese <input type="checkbox"/></p> <p>Sodium <input type="checkbox"/></p> <p>Calcium <input type="checkbox"/></p> <p>Magnesium <input type="checkbox"/></p> <p>Salts <input type="checkbox"/></p> <p>Chloride <input type="checkbox"/></p>						
<p>SAMPLE SOURCE</p> <table style="width: 100%;"> <tr><td>Dairy <input type="checkbox"/></td><td>Poultry <input type="checkbox"/></td></tr> <tr><td>Calf <input type="checkbox"/></td><td>Beef <input type="checkbox"/></td></tr> <tr><td>Swine <input type="checkbox"/></td><td>Other <input type="checkbox"/></td></tr> </table>	Dairy <input type="checkbox"/>	Poultry <input type="checkbox"/>	Calf <input type="checkbox"/>	Beef <input type="checkbox"/>	Swine <input type="checkbox"/>	Other <input type="checkbox"/>	<p>Type</p> <p>Solid <input type="checkbox"/></p> <p>Liquid <input type="checkbox"/></p>	<p>LAB USE ONLY</p>
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Calf <input type="checkbox"/>	Beef <input type="checkbox"/>							
Swine <input type="checkbox"/>	Other <input type="checkbox"/>							

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