



902 13th Street North
 PO Box 187
 Benson, MN 56215
 320-843-4109
 Fax 320-843-2074

804 Highway 15 West
 PO Box 510
 Northwood, ND 58267
 701-587-6010
 Fax 701-587-6013

Fill bottle 3/4 full. **DO NOT OVERFILL.** Close cap securely. Write sample ID on bottle. **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>Test Options</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>M3 Partial: % Moisture, Total Nitrogen, Phosphorus, Potassium <input type="checkbox"/></p> <p>M4 Partial with Ammonium and Nitrate Nitrogen <input type="checkbox"/></p> <p>M5 Partial with Ammonium <input type="checkbox"/></p> <p>M6 Complete with Ammonium and Nitrate Nitrogen <input type="checkbox"/></p>	<p>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>Bulk Density <input type="checkbox"/></p> <p>Percent Ash <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p>	<p>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> <p>Dairy <input type="checkbox"/> Poultry <input type="checkbox"/></p> <p>Calf <input type="checkbox"/> Beef <input type="checkbox"/></p> <p>Swine <input type="checkbox"/> Other <input type="checkbox"/></p>	<p>Type</p> <p>Solid <input type="checkbox"/></p> <p>Liquid <input type="checkbox"/></p>	<p>LAB USE ONLY</p>

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