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### United States Manure Information Form

Fill bottle ¾ full. **DO NOT OVERFILL.** Close cap securely. Write sample ID on bottle. Put bottle in plastic bag and seal. Completely fill out information form. **DO NOT PUT FORM IN PLASTIC BAG WITH SAMPLE.** To preserve sample during shipping, freeze or use ice pack.

**Grower:**

**Submitter:**

Name
Address
Address
City, State, Zip

Account Number
Name
Address
City, State, Zip

<b>Sample ID:</b>	
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**Check one package and any additional analyses.**

Analysis Packages		Additional Analyses	
<b>M1 Complete:</b> %moisture/dry matter, total nitrogen, phosphorus, potassium, calcium, magnesium, sodium, sulfur, copper, iron, manganese, zinc	<input type="checkbox"/>	Ammonium-nitrogen	<input type="checkbox"/>
		Nitrate-nitrogen	<input type="checkbox"/>
		Total carbon	<input type="checkbox"/>
<b>M2 Complete + Ammonium</b>	<input type="checkbox"/>	Total nitrogen	<input type="checkbox"/>
<b>M6 Complete + Ammonium &amp; Nitrate</b>	<input type="checkbox"/>	Total C:N ratio	<input type="checkbox"/>
<b>M3 Partial:</b> %moisture/dry matter, total nitrogen, phosphorus, potassium	<input type="checkbox"/>	pH	<input type="checkbox"/>
		Salts (EC)	<input type="checkbox"/>
<b>M5 Partial + Ammonium</b>	<input type="checkbox"/>	Volatile solids	<input type="checkbox"/>
<b>M4 Partial + Ammonium &amp; Nitrate</b>	<input type="checkbox"/>	Fixed solids (Ash)	<input type="checkbox"/>
		Bulk density	<input type="checkbox"/>
		Sulfur	<input type="checkbox"/>
		Calcium	<input type="checkbox"/>
		Magnesium	<input type="checkbox"/>
		Sodium	<input type="checkbox"/>
		Chloride	<input type="checkbox"/>
		Copper	<input type="checkbox"/>
		Iron	<input type="checkbox"/>
		Manganese	<input type="checkbox"/>
		Zinc	<input type="checkbox"/>
		Other _____	<input type="checkbox"/>

Sample source	Type	Storage	LAB USE ONLY
Dairy <input type="checkbox"/> Compost <input type="checkbox"/>	Solid <input type="checkbox"/>	Pit <input type="checkbox"/>	
Beef <input type="checkbox"/> Other <input type="checkbox"/>		Lagoon <input type="checkbox"/>	
Swine <input type="checkbox"/> _____	Liquid <input type="checkbox"/>	Slurry <input type="checkbox"/>	
Poultry <input type="checkbox"/>		Other <input type="checkbox"/>	

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		Copper	<input type="checkbox"/>
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