



FEEDTEST

Under license from AVS

LABORATORY USE ONLY

Job No. _____

Date received: _____

Date reported: _____

SAMPLE INFORMATION SHEET

Please complete both sides of this form, and then place it in the reply-paid envelope with your sample.

Please note that the invoice will be directed to the client named below.

CLIENT NAME

ADDRESS

POSTCODE

PHONE FAX

EMAIL

PERSON FORWARDING SAMPLE

SPECIAL INSTRUCTIONS FOR SENDING RESULTS

YOUR ENTERPRISE

(specify) Dairy, Sheep/Wool Production, Feed Manufacture, Consultancy.....

ABOUT YOUR FEED SAMPLE

What will the feed be used for?.....

Fed on the farm to: Dairy cattle Beef cattle Sheep Pig Other.....

For sale For livestock exports In a research or extension project Other (specify).....

SAMPLE DESCRIPTION

FODDER

<input type="checkbox"/> HAY <input type="checkbox"/> STRAW <input type="checkbox"/> SILAGE <input type="checkbox"/> FRESH CUT PASTURE	<input type="checkbox"/> Pasture <input type="checkbox"/> Cereal <input type="checkbox"/> Lucerne <input type="checkbox"/> Other..... Major species: (1).....(2)..... Cutting date: / / Baling/Storage date: / / Yieldtonne/ha Storage method:..... <input type="checkbox"/> Above ground bunker <input type="checkbox"/> Round bale-wrap <input type="checkbox"/> Large Square-stack <input type="checkbox"/> Pit Bale type: <input type="checkbox"/> Small square <input type="checkbox"/> Large square <input type="checkbox"/> Other..... Comments: (eg. Wilted/not wilted, preservatives, damage)..... Sampling method: <input type="checkbox"/> Core <input type="checkbox"/> Grab
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PELLETED FEED

Pellet composition: Roughage only Roughage/grain/concentrates Mainly grain

Major type of roughage:..... Major grain:.....

Are lupins present? Yes No If yes, what percentage?.....

CEREAL GRAIN

Oats Wheat Barley Triticale

Variety:..... Sowing date: / / Harvest date: / /

Comments: (eg. Disease, waterlogging, frost damage)..... Yieldtonne/ha

NON-NIR FEED

<input type="checkbox"/> OTHER GRAINS/ GRAIN MIXES	<input type="checkbox"/> Lupins <input type="checkbox"/> Peas <input type="checkbox"/> Faba beans <input type="checkbox"/> Maize <input type="checkbox"/> Other (specify)..... <input type="checkbox"/> Grain Mixes (state % major components).....
<input type="checkbox"/> MIXED FEED	<input type="checkbox"/> Mainly roughage <input type="checkbox"/> Mainly grain Major components: (state %)......
<input type="checkbox"/> BYPRODUCT	Type of byproduct: (e.g. grain hulls, fruit/vegetable, offal, other waste material).....
<input type="checkbox"/> OTHER	Description:

YOUR SAMPLE IDENTIFICATION

Sample No (or Paddock Name, etc.)	Date sample collected / /
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Do you need more FEEDTEST kits?..... How many?.....

~ PLEASE COMPLETE THE OTHER SIDE OF THIS FORM ~

SAMPLE TYPE AND FEEDTEST PACKAGE REQUIRED

(please tick boxes)

<input type="checkbox"/> FODDER QUALITY PACKAGE (NIR)	<input type="checkbox"/> CEREAL GRAIN PACKAGE (NIR)	<input type="checkbox"/> PIG GRAIN PACKAGE (NIR)	<input type="checkbox"/> PELLETTED FEED PACKAGE (NIR)	<input type="checkbox"/> NON-NIR FEED PACKAGE
Includes <input type="checkbox"/> Dry Matter <input type="checkbox"/> Moisture <input type="checkbox"/> Crude Protein <input type="checkbox"/> NDF <input type="checkbox"/> Digestibility <input type="checkbox"/> Est. ME (Cereal Hay Only) <input type="checkbox"/> SolCHO	Includes <input type="checkbox"/> Dry Matter <input type="checkbox"/> Moisture <input type="checkbox"/> Crude Protein <input type="checkbox"/> ADF <input type="checkbox"/> Digestibility <input type="checkbox"/> Est. ME <input type="checkbox"/> Fat (oats only)	Includes <input type="checkbox"/> Dry Matter <input type="checkbox"/> Moisture <input type="checkbox"/> Crude Protein <input type="checkbox"/> ADF	Includes <input type="checkbox"/> Dry Matter <input type="checkbox"/> Moisture <input type="checkbox"/> Crude Protein <input type="checkbox"/> ADF <input type="checkbox"/> Digestibility <input type="checkbox"/> Est. ME <input type="checkbox"/> Ash <input type="checkbox"/> Fat	Includes <input type="checkbox"/> Dry Matter <input type="checkbox"/> Moisture <input type="checkbox"/> Crude Protein <input type="checkbox"/> Digestibility <input type="checkbox"/> Est. ME

PREMIUM SERVICE

(Additional charges may apply.)

Please indicate if premium service is required YES

ANALYSES

If additional testing required please indicate below. (Additional charges may apply.)

<input type="checkbox"/> Moisture % <input type="checkbox"/> DM % <input type="checkbox"/> Density kg/hl <input type="checkbox"/> Ash % <input type="checkbox"/> N % <input type="checkbox"/> CP % <input type="checkbox"/> NO ₃ -N ppm	<input type="checkbox"/> DDM % <input type="checkbox"/> DOM % <input type="checkbox"/> Est. ME <input type="checkbox"/> ADF % <input type="checkbox"/> NDF % <input type="checkbox"/> FAT % <input type="checkbox"/> SolCHO%	<input type="checkbox"/> Crude Fibre <input type="checkbox"/> pH <input type="checkbox"/> Ammonia <input type="checkbox"/> Minerals - Grp 1 <input type="checkbox"/> Minerals - Grp 2	<input type="checkbox"/> Ergovaline <input type="checkbox"/> Lolitrem B <input type="checkbox"/> Peramine <input type="checkbox"/> Minerals- Grp 1 + Aluminium <input type="checkbox"/> Minerals- Grp 2 + Aluminium
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COMMENTS

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LABORATORY USE ONLY

Laboratory DM %: Partial DM %: TDM %: Corr. DM %:	Samples @: Fee Charged \$: Invoice No.: Receipt No.:
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