



Feed Sample Submission Form

South Dakota Agricultural Laboratories
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CUSTOMER INFORMATION

Name: _____ *Sample ID: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: (____) _____ - _____ **Email: _____

**Sample ID must be marked clearly on the sample you submit. **Results will be emailed to the provided email address.*

BILLING INFORMATION Check box if billing is the same as the customer information

Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: (____) _____ Email: _____

**Minimum of one cup of Feed required- Please send more material if multiple tests are requested.
 A \$5 handling fee is applied to all liquid samples. A \$12 handling fee is applied to all solid samples.**

Type of Feed (check one):

<input type="checkbox"/> Liquid	<input type="checkbox"/> Dry Feed	<input type="checkbox"/> Mineral Mix
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Analysis Requested:

	Minerals by Atomic Absorption, Individual Elements	
<input type="checkbox"/> Ash, Total	<input type="checkbox"/> Calcium	<input type="checkbox"/> Copper
<input type="checkbox"/> Moisture, Total	<input type="checkbox"/> Iron	<input type="checkbox"/> Magnesium
<input type="checkbox"/> Fat, Crude	<input type="checkbox"/> Manganese	<input type="checkbox"/> Phosphorus
<input type="checkbox"/> Fiber, Crude	<input type="checkbox"/> Potassium	<input type="checkbox"/> Sodium
<input type="checkbox"/> Protein, Crude	<input type="checkbox"/> Zinc	<input type="checkbox"/> Salt (by Sodium)
<input type="checkbox"/> Nitrogen Free Extract	<input type="checkbox"/> Mineral Profile by ICP-OES, Screen (includes the following)	
<input type="checkbox"/> Nitrogen, Total	Calcium	Cobalt
<input type="checkbox"/> Selenium	Copper	Iron
<input type="checkbox"/> Vitamin A	Magnesium	Manganese
<input type="checkbox"/> Vitamin E	Molybdenum	Phosphorus
<input type="checkbox"/> Sugars, Total Invert	Potassium	Zinc
<input type="checkbox"/> Glucose / Dextrose	Sulfur	Sodium
<input type="checkbox"/> Sulfur, Gravimetric		

PLEASE PROVIDE EXPECTED CONCENTRATIONS IF AVAILABLE