

### Mill Identification

Name:	Code: <i>Only for quality control</i>
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### Sales Representative

Name:	User Code:
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### Producer Identification

Name:	CRM Code:
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<input type="checkbox"/> Round Bale <input type="checkbox"/> Square Bale <input type="checkbox"/> Unfermented	Year of crop: _____
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Haylage	
00321	1 <sup>st</sup> cut haylage
00322	2 <sup>nd</sup> cut haylage
00323	3 <sup>rd</sup> cut haylage
00324	4 <sup>nd</sup> cut haylage

Corn Silage	
00310	Corn silage
00311	Corn silage BMR

Other Silage	(contains starch, if not please send under haylage)
00315	Corn & Hay silage(wet chemistry only)
00355	Wheat Silage
00360	Oats silage
00365	Grains silage
00370	Barley silage
00375	Grains & Hay silage (wet chemistry only)
00376	Peas and Wheat silage
00377	Peas and Oats silage
00378	Oats, Peas and Wheat silage
00395	Peas silage
00385	Soybean silage

### Standard Analyses

Specific Analyses
Volatile fatty acids (frozen) (\$) Sieve (KSU) (\$) Sieve (4500) (\$) Other : _____

### Sampling date

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### Email address & Phone number

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### Check this box for new customer:

REGULAR	RUSH (\$)	TYPE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DUOPACK
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> INFRARED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WET CHEMISTRY (\$)

Total Mixed Ration	
00660	TMR

Corn	
00120	High Moisture Corn
00130	High Moisture Corn Cob

Dry Hay	
00421	1 <sup>st</sup> cut Dry Hay
00422	2 <sup>nd</sup> cut Dry Hay
00423	3 <sup>rd</sup> cut Dry Hay
00424	4 <sup>nd</sup> cut Dry Hay
00621	Grass Horse Hay
00631	Legumes Horse Hay
00641	Mixed Horse Hay

Straw	
00475	Straw

Sorghum Silage	
00351	1 <sup>st</sup> cut Sorghum
00352	2 <sup>nd</sup> cut Sorghum
00361	1 <sup>st</sup> cut Sorghum-Alfalfa

1 day (\$\$)	2 day (\$)	Toxins
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vomitoxin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> T2+HT2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Zearalenon
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fumonisin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Aflatoxin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ochratoxin

### Details & Comments

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**\*This form must be associated with only one sample\***