

# Submission Form

## Feed Analysis

### Client Details:

Registered Practice (please tick)	
PHS Dalton	<input type="checkbox"/>
PHS York	<input type="checkbox"/>
PHS Sutton Bonington	<input type="checkbox"/>
PHS Leominster	<input type="checkbox"/>
PHS Hereford	<input type="checkbox"/>
PHS Barton	<input type="checkbox"/>
Other (specify)	

Client name and address:
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### Analysis Required:

Sample No	1	2	3
Description			
Date			
Weight ticket number			
Batch number			
Mill			
Test	Analytical Testing (please tick)		
Moisture			
Oil A (Ether extract)			
Oil B (Acid Hydrolysis)			
Crude Protein			
Crude Fibre			
Ash			
Starch			
Sugar			
Test	Mineral Tests (please tick and indicate if dispersion graphs required)		
Salt			
Chloride			
Calcium			
Phosphorus			
Sodium			
Potassium			
Magnesium			
Copper			
Manganese			
Zinc			
Iron			
Other Tests			