

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:

Analysis Required:

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