



APAL

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PLANT / FODDER TEST REQUEST FORM

Agent / Consultant: _____ P/O No: _____

Trading Name: _____

Contact Name: _____

Address: _____

Postcode

Phone: _____ Fax: _____

Email: _____

Client /Farmer Name: _____

Sample Postcode:

NB: POSTCODE OF WHERE SAMPLE WAS TAKEN IS ESSENTIAL FOR QUARANTINE REGULATIONS

Test Options
 Please record item codes (A, B, C, D) at the bottom of page under test option for each sample.

(A) Plant Tissue for all crops & pasture
 (N, No3, P, K, Ca, Mg, Na, S, Cu, B, Fe, Mn, Zn, Al, Cl, Co & Mo)

All Crops / Plants
 Whole Fruit / Fruitlet
 Orchards
 Vegetables
 Oil Crops - (Canola / Olives)
 Vines
 All Pastures
 Lucerne

(B) Pasture, Fodder & Grain FEED TEST
 (DM, DDM, ME, CP, NDF, ADF, Ash, Fat)

(C) Fodder & Grain MINERAL
 (N, P, K, Ca, Mg, Na, S, Cu, B, Fe, Mn, Zn, Cl, Co, Mo)

(D) Selenium- on any sample

Reporting Options
 Please check (X) for desired format:

Full consultant report with graph Data in graph format only Data in Excel format (for consultants only)

Sample ID: eg: Paddock Name	Type - Crop / Feed: eg: Oats, Clover, Tomato, Hay	Growth Stage: eg: Vegetative, pre-flowering	Livestock Grazing eg: Sheep, Cattle	Test option eg: A, B,C
1				
2				
3				
4				
5				
6				
7				
8				

Observations / History / Comments:
 Especially if full consultant report is required:eg fertilisers applied, age of livestock, symptoms (leaf tip yellowing, stunted growth):
