



PLANT / FODDER TEST REQUEST FORM

489 THE PARADE, PO BOX 327, MAGILL SA 5072
 Tel 08 8332 0199 Fax 08 8361 2715 Email: info@apal.com.au
 Website www.apal.com.au Member of ASPAC

Agent / Consultant: _____ P/O No: _____

Trading Name: _____

Contact Name: _____

Address: _____

_____ Postcode

Phone: _____ Fax: _____

Email: _____

Client /Farmer Name: _____

Contact phone number: _____

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 Pro Ag consultant report with graph

Data in graph format only

Data in Excel format (for consultants only)

Organic Certification Number _____

PLEASE clearly indicate any variation or requirement additional to the test options above.

| 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):
