



Foundation

Analytical Laboratory

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Report and Bill To:

Name: _____
 Address: _____
 City: _____
 State, Zip: _____

Date Submitted: _____
 Submitted by: _____
 Email: _____
 Phone: _____

Manure Submittal Form

Lab ID Number (lab use only)	Sample ID	Date Sampled	Manure Type	Testing Requested	Other Analysis

Manure Type Codes (Enter numeric code above)	
Code	Description
1	Beef
2	Dairy
3	Poultry
4	Swine

Test Package Codes (Enter as many numeric codes as desired above)	
Code	Description
1	Total N, P, K
2	Ammonium N, Organic N
3	Ca, Cu, Fe, Mg, Mn, Na, S, Zn
4	Dry Matter
5	Ash
6	pH

Do any of the samples listed on this submission come from an infected premise? YES NO

 Signature

 Date