



**FERTILIZER & ANIMAL WASTE REQUEST FORM**

NAME _____		Date Rec. _____	
ADDRESS _____		Report No. _____	
CITY _____		Grower _____	
STATE & ZIP _____	Phone _____	Sample Date _____	Sampled By _____

UNUSUAL CONDITIONS OR SPECIAL INSTRUCTIONS: \_\_\_\_\_

CHECK TEST GROUP REQUESTED

TEST GROUPS

- TOTAL NUTRIENT ANALYSES**
- FM-1: Basic Test (WSDA Required)**  
Moisture/Density, Total N, Total P, K, NH4-N
- FM-2: Complete**  
Moisture/Density, Total N, P, K, NH4-N  
Ca, Mg, Na, S, B, Zn, Mn, Cu, Fe

- AVAILABLE NUTRIENT ANALYSES**
- FM-3:** Moisture/density,  
NO3-N, NH4-N
- FM-4:** Moisture/Density,  
NO3-N, NH4-N, P, K

HEAVY METALS

- |                             |                                       |                                       |
|-----------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> As | <input type="checkbox"/> Ni           | <input type="checkbox"/> Hg-(mercury) |
| <input type="checkbox"/> Cd | <input type="checkbox"/> Pb           |                                       |
| <input type="checkbox"/> Co | <input type="checkbox"/> Se           |                                       |
| <input type="checkbox"/> Mo | <input type="checkbox"/> Other: _____ |                                       |



INDICATE INDIVIDUAL TESTS BELOW IF NO TEST GROUP IS CHOSEN

SAMPLE I.D.	NITROGEN		Test #	P	K	S	Ca	Mg	Na	B	Zn	Mn	Cu	Fe
	TOTAL	NITRATE												

We will make every effort to provide an accurate analysis of this sample. For reasonable cause, we will repeat the tests, but because of factors beyond our control in sampling procedures, and the inherent variability of soils and plants, our liability is limited to the price of the tests.