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# MANURE SUBMISSION FORM

## GROWER

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Acct. # \_\_\_\_\_  
 Email \_\_\_\_\_

## SUBMITTING FIRM

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Acct. # \_\_\_\_\_  
 Email \_\_\_\_\_

(Report and Invoice Sent to this Address)

### MANURE SAMPLE

### MANURE TYPE

### ANALYSIS

Date Received  
 \_\_\_\_\_

Lab ID <i>(Lab Use Only)</i>	Sample ID <i>(Customer Use)</i>

Swine	Beef	Dairy	Poultry	Liquid	Solid
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Essential Series*

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(If Other Please Comment)

### Report Preferences

Email  Paper Copy (\$1 Charge)

**Essential Series \$45**

K, P, S, Zn, Total N (%),  
 Inorganic N (Ammonia),

\* P- Phosphorus, K- Potassium,  
 N- Nitrogen, S- Sulfur, Zn- Zinc

\* These tests conform to IA, MN and SD  
 manure regulations

\* Consult us directly for unlisted  
 services

Comments \_\_\_\_\_