

**Certified Feed Management Planners  
Fecal/Manure  
Sample Submission Form**

PENNSTATE



College of Agricultural Sciences  
Agricultural Research and Cooperative Extension

<p><i>Feed management planner contact information:</i></p> <p>Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	<p><i>Producer contact information:</i></p> <p>Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>
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**Sample Information**

Sample type (*check one*):  Fecal sample     Manure storage sample

Date sampled: \_\_\_\_\_ Time sampled: \_\_\_\_\_ AM  
PM

Number of cows sampled: \_\_\_\_\_

Housing type (*check one*):  Free-stall     Tie-stall     Pasture     Other: \_\_\_\_\_

Feeding system (*check one*):  TMR     Partial TMR     Component Fed     Other: \_\_\_\_\_

Predominant breed (*check one*):  Holstein     Jersey     Crossbred (dairy)     Other (dairy) \_\_\_\_\_  
 Hereford     Angus     Crossbred (beef)     Other (beef) \_\_\_\_\_

Number of animals in pen/group: \_\_\_\_\_

Average milk production for group: \_\_\_\_\_ lbs/cow/day    Fat content: \_\_\_\_\_ %    Protein content: \_\_\_\_\_ %

Average days dry for group: \_\_\_\_\_    Average age of heifer group: \_\_\_\_\_ months

Ration phosphorus level: \_\_\_\_\_ % dry matter basis    Ration protein level: \_\_\_\_\_ % dry matter basis

**Analysis Request**

PACKAGE	DESCRIPTION	COST
Standard Manure Test 1	Percent solids, total nitrogen, phosphorus, potassium, ammonium-nitrogen	\$40.00
Standard Manure Test 2	Percent solids, total nitrogen, phosphorus, potassium, ammonium-nitrogen, calcium, magnesium, sulfur, sodium, copper, zinc, manganese, iron, and aluminum	\$50.00

**Sample Payment**

Check enclosed. *Make check payable to Penn State University*

Charge my credit card. Card Type (*check one*):  Visa     Mastercard

Cardholder's Name: (*please print*) \_\_\_\_\_ Card Number: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

For additional information, please visit Penn State's Dairy Nutrition Web site: [das.psu.edu/dairy/dairy-nutrition](http://das.psu.edu/dairy/dairy-nutrition) (click on "Resources for Certified Feed Management Planners") or contact the lab.

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