Certified Feed Management Planners
Fecal/Manure
Sample Submission Form

Feed management planner contact information:
Name: ____________________________
Company: __________________________
Address: ____________________________
City: ____________________________
State: __________________ Zip: __________
Telephone: ____________________________
Fax: ____________________________
E-mail: ____________________________

Producer contact information:
Name: ____________________________
Company: ____________________________
Address: ____________________________
City: ____________________________
State: __________________ Zip: __________
Telephone: ____________________________
Fax: ____________________________
E-mail: ____________________________

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

Date sampled: ________________ Time sampled: ________________ AM

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

<table>
<thead>
<tr>
<th>PACKAGE</th>
<th>DESCRIPTION</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Manure Test 1</td>
<td>Percent solids, total nitrogen, phosphorus, potassium, ammonium-nitrogen</td>
<td>$32.00</td>
</tr>
<tr>
<td>Standard Manure Test 2</td>
<td>Percent solids, total nitrogen, phosphorus, potassium, ammonium-nitrogen, calcium, magnesium, sulfur, sodium, copper, zinc, manganese, iron, and aluminum</td>
<td>$46.00</td>
</tr>
</tbody>
</table>

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 (click on “Resources for Certified Feed Management Planners”) or contact the lab. This publication is available in alternative media on request. Penn State is committed to affirmative action, equal opportunity, and the diversity of its workforce. © The Pennsylvania State University 2009

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