

CHEMISTRY GENERAL SERVICE SAMPLE SUBMISSION FORM

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REPORTING/CONTACT INFORMATION	BILLING INFORMATION
Attn: _____	<input type="checkbox"/> Same as Reporting Information Attn: _____
Address: _____	Address: _____
E-mail: _____	E-mail: _____
Phone: _____	Phone: _____

SAMPLE INFORMATION	
Sample description (include as much information as possible):	Sample collection date: _____
	Sample collection time: _____

TESTING REQUESTED	
<p style="text-align: center;">Feed & Fertilizer Lab</p> <p><input type="checkbox"/> Nitrogen <input type="checkbox"/> Protein</p> <p><input type="checkbox"/> Available phosphorous <input type="checkbox"/> NPN (Non-Protein Nitrogen)</p> <p><input type="checkbox"/> Potash <input type="checkbox"/> Ash</p> <p><input type="checkbox"/> Fat <input type="checkbox"/> Moisture</p> <p><input type="checkbox"/> Fiber, Crude <input type="checkbox"/> Water activity</p> <p><input type="checkbox"/> Proximate analysis (moisture, protein, fat, fiber, ash) <input type="checkbox"/> Digested: Nutritive metals</p> <p><input type="checkbox"/> Proximate analysis (moisture, protein, fiber) <input type="checkbox"/> pH test</p>	<p style="text-align: center;">Pesticide Lab</p> <p><input type="checkbox"/> Soil/Plants - single test <input type="checkbox"/> Soil/Plants - multi-residue test</p> <p><small>*Required - Please include all available information to the best of your knowledge. Examples: Class (organochlorine/organophosphate, carbamates, neonicotinoids, pyrethroids, etc), insecticide or herbicide, specific analytes of interest (eg. Glyphosate, Hexachlorobenzene, chlorothalonil etc), approximate pesticide application date:</small></p>
<p style="text-align: center;">Harmful Algal Blooms (HAB) Lab</p> <p><small>*Required - keep samples refrigerated between 2-8°C</small></p> <p><input type="checkbox"/> Anatoxin-a ELISA Test</p> <p><input type="checkbox"/> Microcystin ELISA Test</p> <p><input type="checkbox"/> Cylindrospermopsin ELISA Test</p>	<p style="text-align: center;">Miscellaneous Chemistry</p> <p><input type="checkbox"/> Heavy metal panel (As, Cd, Pb, Hg)</p> <p><input type="checkbox"/> Mycotoxin panel (Aflatoxin B2, B2, G1, G2; Ochratoxin A)</p> <p><input type="checkbox"/> Other (specify): _____</p>

By signing below, I confirm the accuracy and the completeness of the information provided, and acknowledge the associated costs for the testing requested.

Submitted by: _____	Signature: _____	Date: _____
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For UDAF Lab use only:	
<p><input type="checkbox"/> Hand Delivered OR</p> <p><input type="checkbox"/> Shipped via Carrier: _____</p> <p>Comments: _____</p>	<p>Received Time/Date: _____</p> <p>Received Temp (if required): _____</p> <p>Received By: _____</p>