

CHEMISTRY SERVICE SAMPLE SUBMISSION FORM

Unified State Lab - Utah Department of Agriculture and Food
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CUSTOMER INFORMATION	BILLING INFORMATION <input type="checkbox"/> Same as Customer Information
Company Name	Company Name
Reporting Contact Information	Billing Contact Information
Attn: _____	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	
Feed & Fertilizer Lab	Pesticide Lab
<input type="checkbox"/> Nitrogen <input type="checkbox"/> Protein <input type="checkbox"/> Available phosphorous <input type="checkbox"/> NPN (Non-Protein Nitrogen) <input type="checkbox"/> Potash <input type="checkbox"/> Ash <input type="checkbox"/> Fat <input type="checkbox"/> Moisture <input type="checkbox"/> Fiber, Crude <input type="checkbox"/> Water activity <input type="checkbox"/> Proximate analysis (moisture, protein, fat, fiber, ash) <input type="checkbox"/> Digested: Nutritive metals <input type="checkbox"/> Proximate analysis (moisture, protein, fiber) <input type="checkbox"/> pH test	<input type="checkbox"/> Soil/Plants - single test <input type="checkbox"/> Soil/Plants - multi-residue test <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>
Harmful Algal Blooms (HAB) Lab	Miscellaneous Chemistry
<small>*Required - keep samples refrigerated between 2-8°C</small> <input type="checkbox"/> Anatoxin-a ELISA Test <input type="checkbox"/> Microcystin ELISA Test <input type="checkbox"/> Cylindrospermopsin ELISA Test	<input type="checkbox"/> Heavy metal panel (As, Cd, Pb, Hg) <input type="checkbox"/> Mycotoxin panel (Aflatoxin B2, B2, G1, G2; Ochratoxin A) <input type="checkbox"/> Other (specify): _____

By signing, I confirm the accuracy and the completeness of the information provided, and acknowledge that the associated costs for all testing requested will be invoiced to the listed billing contact.

Submitted by:	Signature:	Date:

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