



# FORAGE LAB AUSTRALIA

Powered by Cumberland Valley Analytical Services USA

Forage Lab Australia  
at ACE Lab Services  
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## SUBMISSION FORM

<b>FARM NAME:</b>		<b>DATE SAMPLE COLLECTED:</b>	
<b>CONTACT NAME:</b>		<b>MOBILE:</b>	
<b>ADDRESS:</b>			
<b>PHONE</b>		<b>FAX:</b>	
<b>EMAIL:</b>			
<b>SAMPLES</b>			
<b>SAMPLE REFERENCE</b> <i>E.g. "Sample 1" or "Joe's silage"</i> <b>Same as sample bag</b>	<b>SAMPLE TYPE</b> <i>e.g. Vetch Hay, Ryegrass Pasture, Oaten Silage, Barley grain.</i>	<b>TEST CODE</b> <i>(see price list)</i> <b>A1</b> = standard NIR in Bendigo <b>A1 Plus</b> = Silage NIR in Bendigo <b>DCAD</b> = Wet Chem Minerals & DCAD <b>MYF</b> = Mould & Yeast count	
1.		<input type="checkbox"/> A1 <input type="checkbox"/> A1 Plus	<input type="checkbox"/> DCAD <input type="checkbox"/> Other/s: _____ <input type="checkbox"/> MYF
2.		<input type="checkbox"/> A1 <input type="checkbox"/> A1 Plus	<input type="checkbox"/> DCAD <input type="checkbox"/> Other/s: _____ <input type="checkbox"/> MYF
3.		<input type="checkbox"/> A1 <input type="checkbox"/> A1 Plus	<input type="checkbox"/> DCAD <input type="checkbox"/> Other/s: _____ <input type="checkbox"/> MYF
4.		<input type="checkbox"/> A1 <input type="checkbox"/> A1 Plus	<input type="checkbox"/> DCAD <input type="checkbox"/> Other/s: _____ <input type="checkbox"/> MYF
5.		<input type="checkbox"/> A1 <input type="checkbox"/> A1 Plus	<input type="checkbox"/> DCAD <input type="checkbox"/> Other/s: _____ <input type="checkbox"/> MYF
<b>HORSE SPECIFIC</b>			
Please tick the box if you would like WSC and ESC included with our horse specific energy calculation. <input type="checkbox"/> <b>Intended for horses</b>			
<b>REPORTING</b>			
We have advanced reporting systems with the flexibility to quickly generate new and more informative reports supporting forage and feed diagnostics. Data is also available in an export file - please comment if alternative export file is requested:  Other _____			
<b>PAYMENT</b>			
Payment details: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> ACE Laboratory Services Account holder			
I hereby authorize ACE Laboratory Services to debit my nominated credit card with the amount that relates to the testing I have requested on this form, including GST. I am aware all credit card transactions incur a 1.5% surcharge. A transaction receipt for all credit card payment will be emailed to you automatically. <b>Please tick if you require a tax invoice for credit card payments</b> <input type="checkbox"/>			
Company Name _____		Name of Holder _____	
Card Number _____ / _____ / _____ / _____		Expiry Date ____ / ____ CCV ____	
Amount \$ _____		Signature _____	
Email For receipt _____ (or "as above")			
Purchase Order # _____			