



FORAGE LAB AUSTRALIA

Powered by Cumberland Valley Analytical Services USA

Forage Lab Australia
at ACE Lab Services
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SUBMISSION FORM

FARM NAME:		DATE SAMPLE COLLECTED:
CONTACT NAME:		MOBILE:
ADDRESS:		
PHONE		FAX:
EMAIL:		
SAMPLES		
SAMPLE REFERENCE <i>E.g. "Sample 1" or "Joe's silage"</i> <i>Same as per sample bag</i>	SAMPLE TYPE <i>e.g. Vetch Hay, Ryegrass Pasture, Oaten Silage, Barley grain.</i>	TEST CODE (see price list) A1 = standard NIR in Bendigo
1.		<input type="checkbox"/> A1 <input type="checkbox"/> A1 + DCAD <input type="checkbox"/> Yeast & Mould Count <input type="checkbox"/> Other/s: _____
2.		<input type="checkbox"/> A1 <input type="checkbox"/> A1 + DCAD <input type="checkbox"/> Yeast & Mould Count <input type="checkbox"/> Other/s: _____
3.		<input type="checkbox"/> A1 <input type="checkbox"/> A1 + DCAD <input type="checkbox"/> Yeast & Mould Count <input type="checkbox"/> Other/s: _____
4.		<input type="checkbox"/> A1 <input type="checkbox"/> A1 + DCAD <input type="checkbox"/> Yeast & Mould Count <input type="checkbox"/> Other/s: _____
5.		<input type="checkbox"/> A1 <input type="checkbox"/> A1 + DCAD <input type="checkbox"/> Yeast & Mould Count <input type="checkbox"/> Other/s: _____
HORSE SPECIFIC		
Please tick the box if you would like WSC and ESC included with our horse specific energy calculation. <input type="checkbox"/> Intended for horses		
REPORTING		
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 _____		
PAYMENT		
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. Please tick if you require a tax invoice for credit card payments <input type="checkbox"/>		
Company Name _____		Name of Holder _____
Card Number ____ / ____ / ____ / ____		Expiry Date ____ / ____ CCV ____
Amount \$ _____		Signature _____
Email For receipt _____ (or "as above")		