

NIR - LAB ANALYSIS DELIVERY SERVICE

DHI Member Name: _____ Herd # _____ CSR# _____
Last Name First Name

Address: _____

Postal Code: _____ County: _____ Phone No. () _____ Fax No. () _____

Report by mail Fax Courier DHI Customer Service Representative _____

OPTIONAL - Please send copies of test results to:

Company Name: _____ Contact Name: _____ Address: _____ _____ Postal Code: _____ County: _____ Phone No.: () _____ Fax No.: () _____ Report by mail <input type="checkbox"/> Fax <input type="checkbox"/>	Company Name: _____ Contact Name: _____ Address: _____ _____ Postal Code: _____ County: _____ Phone No.: () _____ Fax No.: () _____ Report by mail <input type="checkbox"/> Fax <input type="checkbox"/>
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FORAGES

FEED SAMPLES

Sample #	Type of Feed (circle below)	Indicate if NPN* additive used	Comments
1	hay 1st cut legume haylage 2nd cut mixed greenchop 3rd cut grass corn silage	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	hay 1st cut legume haylage 2nd cut mixed greenchop 3rd cut grass corn silage	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	hay 1st cut legume haylage 2nd cut mixed greenchop 3rd cut grass corn silage	Yes <input type="checkbox"/> No <input type="checkbox"/>	

GRAIN

Sample #	Type of Feed (circle below)	Indicate if NPN* additive used	Comments
4	dry ear corn dairy swine high moisture grain beef poultry	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	dry ear corn dairy swine high moisture grain beef poultry	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6	dry ear corn dairy swine high moisture grain beef poultry	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Total Samples ↓	_____ Submission Date DHI Member Signature		