

FORAGE ANALYSIS REQUEST



Company: _____ **Date:** _____

Company Contact: _____

Farmer Name: _____

Address: _____

County: _____

Sample Detail

Sample Type: _____ Reference: _____

Grass Silage Cut Number: _____

Big Bale Additive: _____

Maize Silage Variety: _____

Wholecrop Other _____

Analysis Required (Tick Box)

Nutrient Assay
(DM, CP, ME etc.)

Full Mineral Profile

Comments/ Requests: _____

Fresh Grass Reports (select one of the following)

Grazing Analysis Report

Pre-Cut Grass Testing

Milk Yield from Grazing*
*if this box is ticked the following 2 boxes must be completed

Number of Handfuls

Daylight Hours at Grazing

Trouw Nutrition GB, Blenheim House, Blenheim Road, Ashbourne, Derbyshire, DE6 1HA
Tel: 01335 341145 Email: adminlab.GB@trouwnutrition.com