

SAMPLE SUBMISSION FORM

TMR AND FORAGE

Nutritionist Name

Nutritionist Company

Volac Contact

Farm Name and Address

Please enter the **full** postal address, including postcode where possible

Sample Information:

 $Select \ all \ the \ major \ components \ present \ within \ the \ sample, \ or \ enter \ additional \ components \ in \ the \ spaces \ provided.$

| Sample Reference: | Forage Ingredients: | | Cereal Ingredients: | Other Ingredients: |
|--|---------------------|--------------------------------------|---------------------|------------------------|
| | Maize/Corn Silage | | Maize/Corn | Distillers' Byproducts |
| Enter a sample reference to help you identify this sample later on. This reference will be printed on the results certificate. | Grass Silage | | Oats | Soya (Hulls/Meal) |
| | Barley Wholecrop | | Barley | Palm Kernel |
| | Wheat Wholecrop | | Wheat | Sugarbeet Pulp |
| | Lucerne | | | Rapeseed Meal |
| | Fresh Grass | | | Sunflower |
| | Нау | | | |
| | | | | |
| | | | | |
| Animal Species: | Dairy | Beef | Sheep | |
| What is the reason for submitting this sample? Please provide details below if necessary | | Animal Symptoms Reduced Performance | Routine Monitoring | |
| | | | Reduced Performance | |
| Are you currently using a mycotoxin binder / remediator? | | | Yes | No |
| | | | | |
| | | | | |

Notes:

 $Please\ include\ any\ other\ information\ about\ your\ sample\ that\ you\ think\ might\ be\ relevant.$

Please ensure all sections of this form are completed fully. Samples with incomplete forms may be delayed or rejected. Please send the completed form and your sample to:

Mycocheck, Volac International, Unit 12 Aberafan Road, Port Talbot, SA12 7DJ, United Kingdom

