

# Order form for Fertilizer

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<b>CUSTOMER</b>				<b>Invoice to</b> (if different from customer data)	
Customer No.					
Customer					
Contact person				Email	
Street				Copy of the report to (Email):	
Zip Code/City					
Phone					
Email					
Sales person	Supervisor	Team Fertilizer	Offer No.		
<b>SAMPLE DATA</b>					
Sample description					
Fertilizer type			Sampling date/time		
Sample container			Sampling location		
Seal			Sample taker		
Note					

Test Scope (please check 'x' or add details)

**Value-determining components:** (please enter expected values, if known; wl = water-soluble)

<input type="checkbox"/> <b>Total nitrogen (N)</b>	_____	<input type="checkbox"/> <b>Calcium (Ca)</b>	_____	<input type="checkbox"/> <b>Sulfur (S)</b>	_____
<input type="checkbox"/> Ammonium nitrogen (NH <sub>4</sub> -N)	_____	<input type="checkbox"/> Ca wl	_____	<input type="checkbox"/> S wl	_____
<input type="checkbox"/> Nitrate nitrogen (NO <sub>3</sub> -N)	_____	<input type="checkbox"/> CaO	_____	<input type="checkbox"/> Sulfate (SO <sub>3</sub> ) calc.	_____
<input type="checkbox"/> Urea nitrogen	_____	<input type="checkbox"/> CaO wl	_____	<input type="checkbox"/> SO <sub>3</sub> wl calculated	_____
<input type="checkbox"/> Available nitrogen	_____	<input type="checkbox"/> CaCO <sub>3</sub>	_____	<input type="checkbox"/> <b>Sodium (Na)</b>	_____
<input type="checkbox"/> <b>Total phosphate (P<sub>2</sub>O<sub>5</sub>)</b>	_____	<input type="checkbox"/> <b>Magnesium (Mg)</b>	_____	<input type="checkbox"/> Na wl	_____
<input type="checkbox"/> P <sub>2</sub> O <sub>5</sub> water-soluble	_____	<input type="checkbox"/> Mg wl	_____	<input type="checkbox"/> Chloride	_____
<input type="checkbox"/> P <sub>2</sub> O <sub>5</sub> citric acid soluble	_____	<input type="checkbox"/> MgO	_____	<input type="checkbox"/> Dry matter	_____
<input type="checkbox"/> P <sub>2</sub> O <sub>5</sub> soluble in neutral citrate	_____	<input type="checkbox"/> MgO wl	_____	<input type="checkbox"/> Organic matter	_____
<input type="checkbox"/> P <sub>2</sub> O <sub>5</sub> soluble in alkaline ammonium	_____	<input type="checkbox"/> MgCO <sub>3</sub>	_____		_____
<input type="checkbox"/> P <sub>2</sub> O <sub>5</sub> soluble in ferric acid	_____	<input type="checkbox"/> <b>Potassium oxide (K<sub>2</sub>O)</b>	_____		_____
	_____	<input type="checkbox"/> K <sub>2</sub> O (water-soluble)	_____		_____

**Trace elements** (wl = water-soluble)

<input type="checkbox"/> Boron (B)	_____	<input type="checkbox"/> Selenium (Se)	_____	<input type="checkbox"/> Copper (Cu)	_____	<input type="checkbox"/> Zinc (Zn)	_____
<input type="checkbox"/> B wl	_____	<input type="checkbox"/> Se wl	_____	<input type="checkbox"/> Cu wl	_____	<input type="checkbox"/> Zn wl	_____
<input type="checkbox"/> Cobalt (Co)	_____	<input type="checkbox"/> Molybdenum (Mo)	_____	<input type="checkbox"/> Manganese (Mn)	_____	<input type="checkbox"/> Iron (Fe)	_____
<input type="checkbox"/> Co wl	_____	<input type="checkbox"/> Mo wl	_____	<input type="checkbox"/> Mn wl	_____	<input type="checkbox"/> Fe wl	_____
<input type="checkbox"/> Trace element package (B, Co, Cu, Fe, Mn, Mo, Se, Zn)	_____		_____		_____	<input type="checkbox"/> Silicon (Si)	_____

**Heavy metals**

<input type="checkbox"/> Arsenic (As)	<input type="checkbox"/> Chromium (Cr)	<input type="checkbox"/> Mercury (Hg)	<input type="checkbox"/>
<input type="checkbox"/> Lead (Pb)	<input type="checkbox"/> Chromium VI (Cr <sup>VI</sup> )	<input type="checkbox"/> Thallium (Tl)	<input type="checkbox"/>
<input type="checkbox"/> Cadmium (Cd)	<input type="checkbox"/> Nickel (Ni)	<input type="checkbox"/> Heavy metals acc. to DüMV (As, Pb, Cd, Cr, Ni, Hg, Tl)	

**Other analyses**

<input type="checkbox"/> pH value	<input type="checkbox"/> C/N ratio	<input type="checkbox"/> Alkaline-reactive components (bwB)
<input type="checkbox"/> Conductivity	<input type="checkbox"/> TOC	<input type="checkbox"/> Reactivity
<input type="checkbox"/> Bulk density	<input type="checkbox"/> TC	<input type="checkbox"/> Urease inhibitors NBPT/NPPT
<input type="checkbox"/> <b>Ash package per DüMV</b>	<input type="checkbox"/> Biuret	
<input type="checkbox"/> <b>Sieving:</b> _____ mm _____ mm _____ mm _____ mm _____ mm _____ mm		<input type="checkbox"/> wet sieving

**Other contaminants / foreign matter**

<input type="checkbox"/> Perfluorinated surfactants (PFT)	<input type="checkbox"/> Pesticides Multimethod (GC/LC)
<input type="checkbox"/> Dioxins + dl-PCBs	<input type="checkbox"/> Chlorate/perchlorate
<input type="checkbox"/> ndl PCBs	<input type="checkbox"/> Cesium 134 / 137
<input type="checkbox"/> PAH-EPA	
<input type="checkbox"/> Salmonella (50g)	<input type="checkbox"/> Fecal coliform bacteria (E. coli)
	<input type="checkbox"/> Listeria monocytogenes (50 g)

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Location / Date \_\_\_\_\_ Signature of Sample Taker \_\_\_\_\_ Signature of Customer \_\_\_\_\_