ANALYSIS REQUEST FORM

Denele Analytical, Inc.
1232 South Avenue
Turlock, CA 95380
Phone: (209) 634-9055

DATE: _____

Turnaround Time: Std. ____ 48 hr. ____ 24 hr. ____ Same Day ____

SUBMIT DATA VIA:

- ☐ U.S. Mail
- ☐ Fax: _____ 2nd Fax: _____
- ☐ Email: _____
- ☐ Call with results: _____

Customer Name: _____

Address: _____

_____

Phone #: _____

Submitted By: _____

Grower: _____

Special Instructions: _____

Standard Turnaround Time (days):

Lab Work Order# _____

			3 [1]					3 [3]	3 [1]	3 [2]			3				
			P / A		Enumeration			General Microbiology					Aflatoxin		Misc		
Lab Sample ID	Sample Type	Sample ID	Total Coliform	E. Coli	Total Coliform	E. Coli	Fecal Coliform	Yeast/Mold	Plate Count	Salmonellas (25g)	Salmonellas (375g)	Salmonellas (wipe)	Aflatoxin (VASP)	Aflatoxin (non-VASP)	FFA, Peroxide Value, UV	_____	Nut Pckg. #____

Nut Packages:

#1 - Aflatoxin (non-VASP), Free Fatty Acids, Peroxide Value, Salmonella (25g), Plate Count, Total Coliform, E.Coli, Yeast & Mold

#2 - Free Fatty Acids, Peroxide Value, Salmonella (25g), Plate Count, Total Coliform, E.Coli, Yeast & Mold

#3 -Salmonella (25g), Plate Count, Total Coliform, E.Coli, Yeast & Mold

#4 - Aflatoxin (VASP), Free Fatty Acids, Peroxide Value, Salmonella (25g)

#5 - Aflatoxin (non-VASP), Salmonella (25g), Plate Count, E.Coli, Yeast & Mold

#6 - Aflatoxin (non-VASP), Salmonella (25g), E.Coli, Yeast & Mold

[1] Not Available for Same Day

[2] Not Available for 24 hr TAT

[3] Not Available for 48 hr TAT

FERTILIZER SAMPLE INFORMATION SHEET

DENELE AGRI-LINK LABS
1232 SOUTH AVE.
TURLOCK, CA 95380

Report & Bill To

Company: _____

Address: _____

City, State: _____ Zip: _____

Phone: _____

Date Received: _____

Submitted By: _____

Analysis

Lab Number (Lab Use Only)	Grower	Sample ID	Complete*	Heavy Metals	Nitrogen	Phosphorus	Potassium	N, P & K	N, P, K & S	N, P, K & Ca	N, P, K, Ca & S	Other

*Complete: pH, Nitrate Nitrogen, Calcium, Magnesium, Sodium, Potassium, Boron, Phosphorus, Sulfur, Total Nitrogen

Additional Test or Other Information: