



Fertilizer Analysis Request

Division of Regulatory Services
 103 Regulatory Services Building
 Lexington KY 40546-0275
 859-257-2668
 www.rs.uky.edu

Date _____

Contact information (required):

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Analysis requested:

Fee	Nutrient	<u>% Expected</u>
\$40.00*	Nitrogen (N)	_____
	Phosphate (P ₂ O ₅)	_____
	Potash (K ₂ O)	_____
\$15.00	Chloride (Cl)	_____
\$20.00	Sulphur (SO ₄)	_____
\$20.00	Boron (B)	_____
\$30.00*	Mineral Panel	_____

Test: % expected

Ca_____ Mg_____ Cu_____ Fe_____ Mn_____ Mo_____ Zn_____

*Testing fees are for one or all of the indicated nutrients

Agreement:

I, the undersigned, hereby state and acknowledge that the fertilizer sample of approximately one (1) pound, is purported to be of grade _____, and was taken by me for the purpose of personal information and any chemical analyses on this sample are representative of this sample only.

Name _____ Date _____

Checks for testing payment should be made payable to:

University of Kentucky

And should be included with the sample.

Space below reserved for the Division of Regulatory Services

Check amount _____ Check number _____ Check date _____ Date received _____