



SOIL SUBMISSION FORM

DATE MAILED: _____ COUNTY CODE: _____ ROUTINE or SPECIAL (*list tests*): _____

PHONE: _____

EMAIL: _____ (for returning soil report)

LAB USE ONLY

SET ID: _____

Login Date: _____

1.	NAME Last First	ADDRESS (<i>required</i>) Street, City, Zip Code	Sample ID	Crop Codes (<i>up to 5</i>)	Lab Number
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

INSTRUCTIONS:

If samples are not paid for through an Extension office, **payment must be included.**
 Include only 12 samples per form, 1 sample per line. Info on sample bag should match info on form.
Crop and **County** codes must be used.
 Samples for **Special** analyses must be listed on a separate form.
 All samples listed on sheet should be enclosed in same box.
 Enclose forms **inside** envelope and place **inside** box. Soils must be dry.

Name	Address	Sample ID	Crop code
1. Doe, John	3657 Rocky Rd. Atlanta 30303	Lawn	CLM, 087, 086
2. Smith, Mae	1254 Peach Dr. Atlanta 30078	1	112, 098, 105, 101

LAB USE ONLY

CASH CREDIT CHECK #

RECEIPT # _____

TECHNICIAN _____