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Onion Flavor Testing Submission Form
Please retain a copy of this form for your files. Submit one copy per sample.

Client Information						
Name:			Phone:			
Address:			Email:			
ity: State: Zip:			Sample ID:			
Submission Date:						
Additional Information (Optional)						
Onion Information				Were the samples (circle one)		
Onion variety:				fresh pulled	field dried	artificially dried
Date transplanted:						
Previous crop:						
Soil Information				Season-long fertility program		
Soil test results prior to planting (if available):				N fertilizer applied, lb N per acre:		
Soil Lab Number:						
P (lb/A):				P fertilizer applied, lb P <sub>2</sub> O <sub>5</sub> per acre:		
K (lb/A):				K fertilizer applied, lb K <sub>2</sub> O per acre:		
S (lb/A):						
Soil type:				S fertilizer applied, lb S per acre:		
Irrigation (approximate inches applied this calendar year):						
Date of last application of any fertilizer material (nitrogen or otherwise):						
Comments:						
LAB USE ONLY				LAB#		
Date Received:	Received E	Ву:		Invoice #: Invoice Amount:		