



LOOSE SOIL SAMPLE REQUEST FORM

(Customer-Collected & Submitted Samples)

Date: _____

Company Name:			
Operator / Grower Name:			
Send Results To:			
Address:			
Primary Contact Number:		Email Address:	

Field ID	Acres	No. Samples	Field No. <small>(Office Use Only)</small>	Sample Numbers <small>(Office Use Only)</small>	Recommendations
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No
6.					<input type="checkbox"/> Yes <input type="checkbox"/> No
7.					<input type="checkbox"/> Yes <input type="checkbox"/> No
8.					<input type="checkbox"/> Yes <input type="checkbox"/> No
9.					<input type="checkbox"/> Yes <input type="checkbox"/> No
10.					<input type="checkbox"/> Yes <input type="checkbox"/> No

If Recommendations choose up to 3 with expected yield:	<input type="checkbox"/> Corn _____ bu/ac. <input type="checkbox"/> Beans _____ bu/ac. <input type="checkbox"/> Wheat _____ bu/ac. <input type="checkbox"/> Alfalfa _____ Tons/ac. <input type="checkbox"/> Oats _____ bu/ac. <input type="checkbox"/> Sorghum _____ bu/ac. <input type="checkbox"/> Grass _____ Tons/ac. <input type="checkbox"/> Pasture _____ <input type="checkbox"/> 10 yr CRP _____ <input type="checkbox"/> Lawn _____ <input type="checkbox"/> Garden _____
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Test Required:	<input type="checkbox"/> S1 = pH, P, K, OM <input type="checkbox"/> S1C2 = S1 + S2 (every 5 th sample) <input type="checkbox"/> S2 = S1 + Buffer pH, Ca, Mg, CEC & % base saturation <hr/> <input type="checkbox"/> Soybean Cyst Nematode = Screen each sample <input type="checkbox"/> Soybean Cyst Nematode = Screen composite samples (list samples) _____ <input type="checkbox"/> Corn Nematode = Screen each sample <input type="checkbox"/> Corn Nematode = Screen composite samples (list samples) _____ <input type="checkbox"/> PSNT (Pre-Sidedress Nitrate Test) Soil Test <input type="checkbox"/> Total Nitrogen & Ammonia	<input type="checkbox"/> S3 = S, Zn, Fe, Mn, Cu, B <input type="checkbox"/> S4 = B, Cu, Fe, Mn, Zn <input type="checkbox"/> S5 = S, Zn <input type="checkbox"/> S7 = S, Zn, B <input type="checkbox"/> S8 = All macros / micros <input type="checkbox"/> S6 = Any individual micro (list micro-s) _____ <input type="checkbox"/> Micros = Run micros on each sample <input type="checkbox"/> Micros = Run composite micros (list samples) _____
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Special Instructions: (if necessary)	
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