



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 (required) Street, City, Zip Code	Sample ID	Crop codes (up to 5)	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 _____		