

ANALYSIS SAMPLE REQUEST FORM

Please send all samples with their request form to:
PO BOX 8506, ORANGE EAST NSW 2800

SUBMITTED BY:

Name: _____ Date: _____

Address: _____

Email: _____ Mobile: _____

CLIENT (SAMPLE) DETAILS:

Name (Company): _____ Name (Client): _____

Address: _____

Email: _____ Mobile: _____

Minimum sample amounts: Soil 500g | Plant 200g | Water 500ml (1 sample per line please)

LAB REF. (OFFICE USE ONLY)	SAMPLE NAME	PADDOCK REF.	SAMPLE TYPE	INCL. CROP NAME	INCL. TEST REQ'D	COMMENTS
EXAMPLE	ABC Golf Course	17 th Green	Soil	Turf	S3	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Please mark sample bags with ANALYTICAL REQUEST NUMBER (top right) and suffix 1, 2, 3 as appropriate.

IMPORTANT: ENSURE THE WHITE COPY IS INCLUDED WITH YOUR SAMPLES.