

# TPS Lab

*Since 1938 – Making Extraordinary Crops  
For Growers Around The World.*

**4915 West Monte Cristo Road  
Edinburg, Texas 78541**

**Telephone: 956-383-0739 ♦ Fax: 956-383-0730**

**TPSLab.com  
info@tpsl.biz**

LAB USE ONLY

LAB N<sup>OS</sup> FROM \_\_\_\_\_ TO \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

BY: \_\_\_\_\_

CLIENT ID: \_\_\_\_\_

## FERTILIZER Sample Submittal and Chain of Custody

COMPANY: \_\_\_\_\_ P/O N<sup>o</sup>: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/PROVENCE: \_\_\_\_\_

ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY (IF NOT U.S. OR CANADA): \_\_\_\_\_

DATE SAMPLES TAKEN: \_\_\_\_\_ SAMPLES TAKEN BY: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BAG LABEL or GUARANTEED ANALYSIS ★

Line No.	Lab No. <small>LAB USE ONLY</small>	Sample I.D. <small>6 Chars. Max.</small>	BAG LABEL or GUARANTEED ANALYSIS ★										
			% N	% P	% K	% Mg	% S	% Ca	Other % Specify:	Other % Specify:	Other % Specify:	Other % Specify:	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

★ Please show label or expected numbers, as appropriate. Some of these tests have extremely narrow assay ranges – accordingly, having approximate ranges speeds up obtaining test results by preventing tedious trial-and-error.

**SEE FEE SCHEDULE FOR AVAILABLE TESTS AND PRICES.**

**YOUR ORDER**

Line No.	Test No. or Element	Test No. or Element	Test No. or Element	Test No. or Element	Total Fee	Line No.	Test No. or Element	Test No. or Element	Test No. or Element	Test No. or Element	Total Fee
1					\$	6					\$
2					\$	7					\$
3					\$	8					\$
4					\$	9					\$
5					\$	10					\$
<b>Total Order</b> ➡ ➡ ➡ ➡ ➡ ➡ ➡ ➡ ➡ ➡ ➡ ➡											\$

**TOTAL CHARGES: \$**

PAYMENT METHOD:  CASH     CHECK    NUMBER:

**CREDIT CARD ORDER**

**To help protect your privacy, the following may be telephoned or FAXed:**

VISA     MasterCard     Discover     American Express

CARD №:     EXP. DATE: /    CODE:

NAME ON CARD:

BILLING ADDRESS:

TOWN:

STATE / PROVINCE:     ZIP / POSTAL CODE:

COUNTRY (If not U.S.A. or Canada):