

TPS Lab

Since 1938 – Specialists in Soil Fertility, Plant Nutrition and Irrigation
Water Quality Management 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 N^{OS} FROM _____ TO _____

Date Received: _____

By: _____

CLIENT ID: _____

SOIL SAMPLE SUBMITTAL AND CHAIN OF CUSTODY

CLIENT NAME: _____ TELEPHONE: _____ P/O No: _____

COMPANY: _____ E-MAIL: _____

ADDRESS: _____

TOWN: _____ STATE/PROVINCE: _____ ZIP/POSTAL CODE: _____

COUNTRY (IF NOT U.S.A. OR CANADA): _____

DATE SAMPLES TAKEN: _____ SAMPLES TAKEN BY: _____

LOCATION/FARM NAME: _____

IRRIGATION METHOD: NONE FLOOD SPRINKLER PIVOT DRIP MICROJET OTHER COMMENT BELOW

WATER SOURCE: Municipal/Co-op WELL – Depth _____ LAKE RIVER/CREEK EFFLUENT

FERTILIZATION PRACTICE: CONVENTIONAL/CHEMICAL SUSTAINABLE ORGANIC

PROBLEMS OR COMMENTS: _____

HISTORY (Please furnish as much information as possible – including previous fertilizers, lime, sulfur, inoculants, crops, yields, etc. This allows us to provide you better interpretations and recommendations):

INDICATE ANALYSES DESIRED ON THE BACK OF THIS SHEET.

	LAB NUMBER (LAB USE ONLY)	FIELD / SAMPLE I.D. (MAX. 10 CHARS).	SAMPLE DEPTH FROM - TO	SAMPLE AREA Ac / Ha	LAST CROP(S)	NEXT CROP(S) FOR RECOMMENDATIONS	YIELD GOAL
1			--				
2			--				
3			--				
4			--				
5			--				
6			--				
7			--				
8			--				
9			--				
10			--				
11			--				
12			--				
13			--				

INSTRUCTIONS AND ORDER FORM

Instructions:

- See our Fee Schedule for full descriptions of tests and fees.
- Please E-Mail us at info@tpsl.biz with simply "SAMPLES SENT" in the Subject Line when you send your samples. This will allow us to watch for your samples and verify your E-Mail address. Samples occasionally get lost in shipping and sometimes we misread your written address. Your report turnaround time by E-Mail is typically five working days after we receive your samples.
- Please include a copy of your latest **Irrigation Water Mineral Analysis Report**, if possible.

Consultant Name:	
Consultant E-Mail:	Consultant Telephone:

Send Reports To: Consultant Client Both

CONSULTANTS: IF YOU WANT A SEPARATE REPORT FOR EACH CLIENT, USE A SEPARATE SUBMITTAL FORM FOR EACH CLIENT. Otherwise, all clients included on this form will be on the same report.

YOUR ORDER

LINE	TEST NO.	PRICE	TEST NO.	PRICE	TEST NO.	PRICE	TEST NO.	PRICE	LINE TOTAL
1		\$		\$		\$		\$	\$
2		\$		\$		\$		\$	\$
3		\$		\$		\$		\$	\$
4		\$		\$		\$		\$	\$
5		\$		\$		\$		\$	\$
6		\$		\$		\$		\$	\$
7		\$		\$		\$		\$	\$
8		\$		\$		\$		\$	\$
9		\$		\$		\$		\$	\$
10		\$		\$		\$		\$	\$
11		\$		\$		\$		\$	\$
12		\$		\$		\$		\$	\$
13		\$		\$		\$		\$	\$
ORDER TOTAL									\$

Payment Method: Cash Check – No.:

CREDIT CARD ORDER

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

VISA MasterCard Discover American Express

Card Number:	Expires: /	Code:
Name on Card:		
Billing Address:		
Town:		
State/Province:	ZIP/Postal Code:	
Country (If not U.S.A. or Canada):		