

# TPS Lab

Since 1938 – Specialists in Soil Fertility, Plant Nutrition and Irrigation  
Water Quality Management For Growers Around The World.

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LAB N<sup>OS</sup> 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<br>(LAB USE ONLY) | FIELD /<br>SAMPLE I.D.<br>(MAX. 10 CHARS). | SAMPLE<br>DEPTH<br>FROM - TO | SAMPLE<br>AREA<br>Ac / Ha | LAST CROP(S) | NEXT CROP(S)<br>FOR RECOMMENDATIONS | YIELD<br>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@tpslab.com](mailto:info@tpslab.com) 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                 |          | \$    |          | \$    |          | \$    |          | \$    | \$         |
| <b>ORDER TOTAL</b> |          |       |          |       |          |       |          |       | <b>\$</b>  |

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): |                  |       |