

TPS Lab

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

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TPSLab.com

Single Comprehensive Soil Test Plant-Available Nutrients Laboratory Sample Submittal & Chain of Custody

YOUR PERSONAL INFORMATION IS CONFIDENTIAL.
This form must be returned with sample.
Do NOT Put In Bag. See Instructions.

Lab Use Only
LAB N ^o : _____
Date Received: _____
By: _____

CLIENT ID: _____

2016-05-SOIL-SINGLE-2P 5/21/16 20:00

Indicate Test(s) Desired – See Fee Schedule:

YOUR NAME:		
ADDRESS:		
TOWN:	STATE / PROVINCE:	ZIP / POSTAL CODE:
COUNTRY (IF NOT U.S.A. OR CANADA):		
TELEPHONE:	E-MAIL ADDRESS:	

CROP 1:	CROP 2:
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RECOMMENDATIONS FOR: CONVENTIONAL SUSTAINABLE ORGANIC GROWING

PREVIOUS CROP 1:	PREVIOUS CROP 2:
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DATE SAMPLED:	YOUR SAMPLE I.D. / LOCATION:
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SAMPLE DEPTH FROM: TO:	SEE INSTRUCTIONS.	ALL INFORMATION IS REQUIRED.
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SIZE OF AREA: _____ SQ. FEET ACRES SQ. METRES HECTARES

WATERING METHOD: NONE-DRYLAND DRIP PIVOT SPRINKLER FLOOD MICROJET
 OTHER - SPECIFY: _____

WATER SOURCE IF IRRIGATED – INCLUDE A COPY OF YOUR LATEST IRRIGATION WATER MINERAL ANALYSIS, IF AVAILABLE:

MUNICIPAL / CO-OP - ORIGINAL SOURCE, IF KNOWN: _____ LAKE WELL RIVER WELL - DEPTH: _____ FT M
 LAKE - DEPTH: _____ FT M RIVER / CREEK EFFLUENT POND

I WANT MY FERTILIZATION RECOMMENDATIONS EXPRESSED IN: LBS/100 FT.² LBS/1,000 FT.² LBS/ACRE

PROBLEMS OR COMMENTS: _____ _____ _____

HISTORY to your best knowledge: _____ _____ _____

RECENT FERTILIZER APPLIED: _____

INSTRUCTIONS AND ORDERING GUIDE TO THE MOST REQUESTED SOIL TESTS

FIELD HISTORY AND PROBLEMS OR COMMENTS: Please provide as much detailed information as possible. All of the information you provide is considered when interpretations are performed and recommendations are made. Use a separate sheet, if necessary.

SAMPLE DEPTH: Use the same basis of measurement as you used for **Area Size** – if you indicated Acres or square feet, express the Sample Depth in Inches. If you indicated Area Size in terms of Hectares or square metres, express the Sample Depth in centimetres.

PLEASE PROVIDE ALL REQUESTED FIELD INFORMATION. Your report will be delayed if we have to contact you for needed information. **WRITE YOUR NAME ON THE SAMPLE BAG.**

SAMPLE DEPTHS / INTERVALS MUST BE ACCURATE. We must know the actual sample interval (From – To) to accurately perform calculations. **SHOW DEPTHS ON THE SAMPLE BAG.**

- See our Fee Schedule for fees, availability and full descriptions of tests.
- Please E-Mail us at info@tpsl.biz with simply **“SAMPLE SENT”** in the Subject Line when you send your sample. This will allow us to watch for your sample 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 sample.

● See our **“How To Take A Good Soil Sample”** sheet for full sampling instructions.
CORRECT SAMPLING PROCEDURE IS CRUCIAL TO THE ACCURACY OF YOUR TEST.

● **SUBSOIL TEST** is a separate sample / test from a Topsoil sample / test. Initial depth is 12” (30 cm) to 24” (61 cm). For trees and other very deep-rooted plants, additional samples for separate tests in one-foot (30 cm) intervals down to 4 feet (122 cm) are recommended.

● Please include a copy of your latest **Irrigation Water Mineral Analysis Report**, if available.

“What’s In Your Water Becomes Part Of Your Soil.”™

- MOST POPULAR SOIL TESTS -

- **SO-03** TPSL® SOIL TEST
- **SO-04** TPSL® SOIL TEST + LOI ORGANIC MATTER
- **SO-05** TPSL® SOIL TEST + LOI ORGANIC MATTER + SOLVITA® BIOLOGICAL ACTIVITY
- **SO-06** CALIFORNIA TPSL® SOIL TEST
- **SO-09** TPSL® SUBSOIL TEST **SEPARATE SAMPLE(S) FROM TOPSOIL. IF MORE THAN 1, SHOW AS SEPARATE TESTS ON ORDER.**
- MEHLICH III – SEVERAL OPTIONS. See Fee Schedule.
- MANY OTHER TESTS AND OPTIONS ARE AVAILABLE. See Fee Schedule.

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QUESTIONS? CALL US!

YOUR ORDER

TEST NO.	PRICE	TEST NO.	PRICE	TEST NO.	PRICE	TEST NO.	PRICE	TOTAL ORDER
	\$		\$		\$		\$	\$

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 Nº:	EXP. DATE: /	CODE:
NAME ON CARD:		
BILLING ADDRESS:		
TOWN:		
STATE / PROVINCE:	ZIP / POSTAL CODE:	
COUNTRY (If not U.S.A. or Canada):		