



SEND SAMPLES TO:
 TPS Lab
 4915 West Monte Cristo Road
 Edinburg, Texas 78541



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LAB USE ONLY:
 LAB N^o FROM _____ TO _____
 DATE RECEIVED: _____
 By: _____

COMPOST • MANURE • HUMATE SAMPLE SUBMITTAL AND CHAIN OF CUSTODY.

BILL / CHARGE TO: CONSULTANT COMPOSTER

YOUR P/O N^o:

CLIENT I.D.:

SEND REPORTS TO: CONSULTANT COMPOSTER BOTH

CONSULTANT NAME:		TELEPHONE:	E-MAIL:
CONSULTING COMPANY:		ADDRESS:	
TOWN:	STATE / PROVINCE:	ZIP / POSTAL CODE:	
COUNTRY (If not U.S.A. or Canada):			
COMPOSTER CONTACT NAME:		TELEPHONE:	E-MAIL:
COMPOSTER COMPANY:		ADDRESS:	
TOWN:	STATE / PROVINCE:	ZIP / POSTAL CODE:	
COUNTRY (If not U.S.A. or Canada):			
LOCATION:		DATE SAMPLES TAKEN:	SAMPLES TAKEN BY:
PROBLEMS OR COMMENTS:			

FOR USCC STA TESTS, ALSO COMPLETE STA FORM(S).

ABBREVIATIONS FOR THIS FORM (NEXT PAGE):

SAMPLE TYPE (TYPE): COMPOST. MANURE. HUMATE. Other (COMMENT).

PRESERVATION (PRES): NONE. ICE / GELL. DRY ICE.

COMPOST APPLICATION (APPL): POTTING MIX. TOP DRESSING TO BE INCORPORATED INTO SOIL. MULCH.



US Composting Council
 Approved
 Seal of Testing Assurance
 Laboratory

