

TPS Lab

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Lawn and Garden Plant-Available Nutrients Single Comprehensive Soil Test 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:	_____

2016-11-SOIL-LG 11/8/16 17:20

Check Test(s) Desired – See Fee Schedule: SO-03 SO-04 SO-05 SO-06 SO-09 SAO-01

SAO-50 – CONTACT US SAO-51 – INDICATE BELOW OTHER: _____

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

RECOMMENDATIONS FOR: CONVENTIONAL / CHEMICAL SUSTAINABLE ORGANIC GROWING

DATE SAMPLED:	YOUR SAMPLE I.D. / LOCATION:
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SIZE OF AREA: _____ SQ. FT. ACRES SQ. M HECTARES
WATERING METHOD: NONE DRIP SPRINKLER MICROJET FLOOD
 OTHER – SPECIFY: _____

ALL INFORMATION IS REQUIRED.

WATER SOURCE: MUNICIPAL WELL LAKE POND RIVER OR CREEK EFFLUENT

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

PROBLEMS OR COMMENTS: _____

HISTORY to your best knowledge: _____

RECENT FERTILIZERS APPLIED: _____

SAMPLE DEPTH: 0 TO 6" - LAWN & TURF ONLY 0 TO 12" - ALL OTHERS

SAMPLE DEPTH MUST BE ACCURATE. SUBMIT SAMPLE FOR DEEPEST CATEGORY CHECKED.

See instructions
Check a maximum of two categories:

LAWN / TURF – VARIETY:	
FLOWER BED – VARIETY:	
VEGETABLE / FRUIT GARDEN – VARIETY:	
ORNAMENTAL TREE / SHRUB ★ – VARIETY:	AGE:
FRUIT / NUT TREE ★ – VARIETY:	AGE:

★ Subsoil Test(s) Recommended.

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@tpslab.com 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 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.”[®]

- SO-03 TPSSL[®] SOIL TEST
- SO-04 TPSSL[®] SOIL TEST + LOI ORGANIC MATTER
- SO-05 TPSSL[®] SOIL TEST + LOI ORGANIC MATTER + SOLVITA[®] BIOLOGICAL ACTIVITY
- SO-06 CALIFORNIA TPSSL[®] SOIL TEST
- SO-09 TPSSL[®] SUBSOIL TEST **SEPARATE SAMPLE(S) FROM TOPSOIL. IF MORE THAN 1, SHOW AS SEPARATE TESTS ON ORDER.**
- MEHLICH III – SEVERAL OPTIONS. See Fee Schedule.
- AQUA REGIA TOTAL EXTRACTION. Call.
- MANY OTHER 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):		