

# 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 <sup>o</sup> : _____
Date Received: _____
By: _____

CLIENT ID: _____
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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.<sup>2</sup>  LBS/1,000 FT.<sup>2</sup>  LBS/ACRE

PROBLEMS OR COMMENTS: _____ _____ _____
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HISTORY to your best knowledge: _____ _____ _____
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RECENT FERTILIZER APPLIED: _____
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# 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](mailto: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 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 №:	EXP. DATE: /	CODE:
NAME ON CARD:		
BILLING ADDRESS:		
TOWN:		
STATE / PROVINCE:	ZIP / POSTAL CODE:	
COUNTRY (If not U.S.A. or Canada):		