***Agri Analysis Inc. a division of* Pioneer Water Testing Laboratory**
PO BOX 483 – 280 NEWPORT RD. LEOLA, PA 17540
717-656-9326 FAX- 717-656-0910 www.agrianalysis.com info@agrianalysis.com

SOIL TEST REQUEST FORM

Notes or Requests

Samples submitted by_____

extra copy to_____
(e-mail only)

Date Sent_____

____Provide Maryland fertilizer index values on soil

INVOICE TO:

_____

_____

_____

GROWER:

_____

_____

_____

MAKE CHECKS PAYABLE TO: Pioneer Water Testing Laboratory Inc. / Visa & Mastercard accepted for invoices >$20.00- contact office

SEND RESULTS BY: ____MAIL FAX: #_____ E-MAIL_____ ___ON FILE

Circle a **SOIL TEST CODE**: ***SBA * TSBA * SBOM * SB4 * SB4OM * SB6 * SB6OM * SPH * SPS * SMT****
C:N ratio(offered with OM packages only) * Conductivity (soluble salts)

Circle TRACE MINERAL(S) TO TEST - Cu, Zn, Mn, Fe, B, S

NOTE: See REVERSE side for CROP and SOIL TEST CODE description.

IMPORTANT: Only 1 soil test code per form (don't mix soil test codes). 10 fields to a form

OFFICE USE	TEST CODE	SAMPLE I.D. (maximum 15 Characters)	ACRES	LAST CROP *CODES ON REVERSE SIDE*	NEXT CROP *CODES ON REVERSE SIDE*	YIELD GOAL