



NURSERY/GREENHOUSE/
SOIL MEDIA
SUBMITTAL FORM

COMPANY / NAME: _____

ADDRESS: _____

ATTENTION: _____ PHONE #: _____

EMAIL: _____

PROJECT NAME: _____

P.O. # _____ JOB #: _____

*Please list any **plant health issues** that should be addressed in the additional comments.*

- ◆ Unless a credit account has been established, payment by cash, check, or credit card is required at the time samples are submitted.

◆ **SOIL NUTRIENT ANALYSIS:**

- A01 Partial Fertility Package – (pH, ECe, Sodium, Extractable N, P, K, Ca, Mg) Any Type of Soil
- A17 Complete Fertility Package – (pH ECe, Sodium, Extractable Major & Minor Elements) Any Type of Soil
- SME (Water Extraction) – (pH, ECe, Water Soluble Major & Minor Elements) Soilless Media Only

Do the samples contain controlled release fertilizer: ____ Yes ____ No

◆ **ORGANIC COMPONENT EVALUATION:** sawdust, bark, peat moss & compost:

- A07-0 Partial Organic Amendment Evaluation – (pH, ECe, Organic %, Total N, Bulk Density, Fe, Particle Size, C:N Ratio)
- A09-0 Same as A07-0 With Detailed Fertility Analyses – (A07-0 plus A17)

◆ **PHYSICAL PROPERTIES OF DISTURBED MEDIA:** (1 Gallon sample required)

- A06-0 Bulk Density, Total Porosity, Water Holding Capacity, Volume % Airspace & Readily Available Water
- A06-3 Bulk Density, Total Porosity, Water Holding Capacity, Volume % at container capacity only
Container Depth - ____4” or ____6”

◆ **SOIL PATHOLOGY:** (use the pathology form if submitting plant samples for disease diagnosis)

- PO2 Nematode – (Plant Parasitic ID & Count in Soil)
- P04 Pathogen Detection (Phytophthora, Pythium & Thielaviopsis by trap method)

Comments and recommendations can be provided for addition charge. Please give details of project.

Additional Comments: _____

Turnaround time: NORMAL: (Soil) 5-7 working days & (Pathology) 5-10 working days
(check one) RUSH: (Soil Only) 3-5 working days at **double the analytical fee.**

Authorized by : (signature) _____ (print) _____ **Date:** _____