

Sample Test Order Form

Got a question?

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**Send samples to:**

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Please complete all sections as fully as possible

Contact Details			
Primary Contact's Address		Billing Address	
Name:		Name:	
Organisation:		Organisation:	
Address:		Address	
Postcode:		Postcode:	
Telephone number:		Telephone number:	
Email (for report):		Email (for invoice):	

Sample Details						
Sample ID	Material/Substrate (Soil, Compost, Rockwool, Tea/ Liquid Ammendment, Other)	Date sampled	Plant/Crop/Species	Test(s) Required (Refer to test code)	Notes (Treatment applied?)	Soil Score* (1 - 5)

* Rate your soil's performance: 1 - Poor ; 2 - Limited function; 3 - Average ; 4 - Good ; 5 - Excellent

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