



OWNER (PLEASE PRINT)

Name
Address
Telephone
Email

ADVISER DATE:

Name
Address
District Municipality
Local Municipality
Telephone
Email

Sample ID	Laboratory Number	To ensure complete analysis on these samples please indicate if the following analysis are also required for these samples: (tick)	
1			
2			
3		CNS (soil)	
4		Fertility (soil)	
5		Texture (soil)	
6		Please note: Fertility, Texture and CNS analysis are done in different laboratories. Please complete the relevant submission forms.	
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17			
18			
Cost per sample R180			

1. Clearly label all the boxed samples and ensure that the labels correspond exactly with what is listed on the submission forms before handing them over at reception.
2. The analytical methods used to produce the result may vary between different labs, and hence the results themselves.
3. may not Results be used for litigation.