

# TPS Lab

Since 1938 – Specialists in Soil Fertility, Plant Nutrition and Irrigation  
Water Quality Management For Growers Around The World.

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LAB N<sup>OS</sup> FROM \_\_\_\_\_ TO \_\_\_\_\_

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

CLIENT ID: \_\_\_\_\_

## SOIL SAMPLE SUBMITTAL AND CHAIN OF CUSTODY

CLIENT NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ P/O No: \_\_\_\_\_

COMPANY: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_

COUNTRY (IF NOT U.S.A. OR CANADA): \_\_\_\_\_

DATE SAMPLES TAKEN: \_\_\_\_\_ SAMPLES TAKEN BY: \_\_\_\_\_

LOCATION/FARM NAME: \_\_\_\_\_

IRRIGATION METHOD:  NONE  FLOOD  SPRINKLER  PIVOT  DRIP  MICROJET  OTHER COMMENT BELOW

WATER SOURCE:  Municipal/Co-op  WELL – Depth \_\_\_\_\_  LAKE  RIVER/CREEK  EFFLUENT

FERTILIZATION PRACTICE:  CONVENTIONAL/CHEMICAL  SUSTAINABLE  ORGANIC

PROBLEMS OR COMMENTS: \_\_\_\_\_

**HISTORY** (Please furnish as much information as possible – including previous fertilizers, lime, sulfur, inoculants, crops, yields, etc. This allows us to provide you better interpretations and recommendations):

### INDICATE ANALYSES DESIRED ON THE BACK OF THIS SHEET.

	LAB NUMBER (LAB USE ONLY)	FIELD / SAMPLE I.D. (MAX. 10 CHARS).	SAMPLE DEPTH FROM - TO	SAMPLE AREA Ac / Ha	LAST CROP(S)	NEXT CROP(S) FOR RECOMMENDATIONS	YIELD GOAL
1			--				
2			--				
3			--				
4			--				
5			--				
6			--				
7			--				
8			--				
9			--				
10			--				
11			--				
12			--				
13			--				

# INSTRUCTIONS AND ORDER FORM

## Instructions:

- See our Fee Schedule for full descriptions of tests and fees.
- Please E-Mail us at [info@tpslab.com](mailto:info@tpslab.com) with simply "SAMPLES SENT" in the Subject Line when you send your samples. This will allow us to watch for your samples 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 samples.
- Please include a copy of your latest **Irrigation Water Mineral Analysis Report**, if possible.

Consultant Name:	
Consultant E-Mail:	Consultant Telephone:

Send Reports To:     Consultant     Client     Both

**CONSULTANTS:** IF YOU WANT A SEPARATE REPORT FOR EACH CLIENT, USE A SEPARATE SUBMITTAL FORM FOR EACH CLIENT. Otherwise, all clients included on this form will be on the same report.

## YOUR ORDER

LINE	TEST NO.	PRICE	TEST NO.	PRICE	TEST NO.	PRICE	TEST NO.	PRICE	LINE TOTAL
1		\$		\$		\$		\$	\$
2		\$		\$		\$		\$	\$
3		\$		\$		\$		\$	\$
4		\$		\$		\$		\$	\$
5		\$		\$		\$		\$	\$
6		\$		\$		\$		\$	\$
7		\$		\$		\$		\$	\$
8		\$		\$		\$		\$	\$
9		\$		\$		\$		\$	\$
10		\$		\$		\$		\$	\$
11		\$		\$		\$		\$	\$
12		\$		\$		\$		\$	\$
13		\$		\$		\$		\$	\$
<b>ORDER TOTAL</b>									<b>\$</b>

Payment Method:     Cash     Check – No.:

### CREDIT CARD ORDER

To help protect your privacy, the following may be telephoned or FAXed:

VISA     MasterCard     Discover     American Express

Card Number:	Expires:    /	Code:
Name on Card:		
Billing Address:		
Town:		
State/Province:	ZIP/Postal Code:	
Country (If not U.S.A. or Canada):		