

Customer _____ Name _____ 911 Address _____ RR & Town _____ Postal Code _____ Phone No. (____) _____ Fax No. (____) _____ E-mail _____ Report Returned By: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail	Dealer _____ Name _____ 911 Address _____ RR & Town _____ Postal Code _____ Phone No. (____) _____ Fax No. (____) _____ E-mail _____ Report Returned By: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail	Submitted By _____ Name _____ 911 Address _____ RR & Town _____ Postal Code _____ Phone No. (____) _____ Fax No. (____) _____ E-mail _____ Report Returned By: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail
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County _____
 Date Submitted _____

SAA Lab No <small>FOR LAB USE ONLY</small>	Sample Description	Crop to be Grown with Yield Goal	Previous Crop	Legume Amount								Analysis Types						
				Less than 1/3 legume	1/3 to 1/2 Legume	More than 1/2 Legume	SAA 1	SAA 2	SAA 3	SAA 4	SAA 5	SAA 6 - pH	SAA 7 - Nitrate	Heavy Metals	SAA 8 - Manure			

Please see the reverse for details on each analysis package.

Send this copy with your samples. Keep the second copy for your records.