FERTILIZER ANALYSIS SUBMISSION FORM

Date Sampled _____

Name _____

Address _____ City _____

State _____ ZIP _____ County _____

Account # _____

Email _____ Phone # _____

(If email address is provided, report will be sent in a PDF format to you.)

OFFICE USE ONLY County Code _____

Laboratory ID Range _____ Date Received _____

Please specify which samples contain pesticides:

RESET FORM

(These sample will be returned upon analysis completion.)

LAB USE ONLY	SAMPLE ID	LIQUID OR DRY?	EXPECTED CONCENTRATION (N-P-K)	EXPECTED CONCENTRATION (MICRONUTRIENTS)

117609 Forward Street
Stratford, WI 54484
715.687.9997 | stratford@agsource.com

PO Box 7, 106 N. Cecil Street
Bonduel, WI 54107
715.758.2178 | bonduel@agsource.com