

SOIL NITRATE SUBMISSION FORM



Name _____

Address _____

City _____ State _____ ZIP _____

County _____ Account # _____

Email _____ Phone # _____

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

Use Priority Mail when shipping samples to AgSource Laboratories to ensure prompt turnaround. Samples should be frozen.

TEST(S) TO BE COMPLETED	
	PRE-SIDEDRESS NITRATE (PSNT) *Requires a 12 in. soil sample at V6
	PSNT + AMMONIUM

LAB USE ONLY
Date Received _____
Lab # _____
County Code _____

FIELD LETTER AND/OR NUMBER	SAMPLE #	ACRES IN FIELD	FIELD HISTORY (Check appropriate box below) SOIL NAME _____ YIELD CODE _____	ADD AMMONIUM
			Continuous Corn First Year Corn after Established Alfalfa*	
			Continuous Corn First Year Corn after Established Alfalfa*	
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*Please provide any remarks on soil depth here