

REQUIRED: ORIGIN OF SOIL
State:
County:
Contact the lab if samples are from out-of-state.

Soil Health Laboratory

SOLUTION Sample Submission Form



Oregon State University - Crop and Soil Science Department
 3079 Agricultural Life Science Bldg; Corvallis, OR 97331-7306
 541-737-2187 | soil.lab@oregonstate.edu | cropandsoil.oregonstate.edu/shl

Contact Name:	Number of samples:
Organization:	Priority (please circle): RUSH Standard Low
Please circle: Researcher Student Grower Gardener Other If RUSH, indicate accepted rush pricing: <input type="checkbox"/>	
Billing Address:	Date Submitted:
City, State, Zip:	Date results needed:
Phone:	If graduate student, PI email:
Email:	

Please select desired analyses with a checkmark

Individual analyses	
	NH4-N
	NO3-N
	Dissolved C and N
	PO4-P
	pH
	EC
	pH + EC
	ICP-OES
	List elements desired:
	Other: