



Midwest Laboratories, Inc.  
13611 B Street, Omaha, NE 68144  
402-334-7770

Per AgroLiquid- Ok to Copy Results if Copy\_To section is completed by grower. Only allowed for Strip-Till Project (SRath-12/2022)

# SOIL SAMPLE SUBMITTAL FORM

Account Number: 51361

Purchase Order: Crop Nutrition Week

First Form (50¢ Per Sample)

Automatic Fax

Automatic Email

REPORT & BILL TO	
Name: <u>Agro-Liquid Sales</u>	
Address:	
City/State: <u>St. Johns, MI</u>	ZIP:
Phone:	FAX:
Email:	

IDENTIFICATION	
State of Origin:	Regulated Y/N:

COPY TO			
Name:			
Address:			
			ZIP:
Email:			

SAMPLE ID <small>10 Characters Max</small>	SOIL TEST PACKAGES														SOIL HEALTH		WISCONSIN CERTIFIED*	CYST EGG COUNT	INDIVIDUAL TESTS													
	S1A	S1AN	S3C	S1B	S1C	S2	S2N	S3	S4	S5	S6	L	G	SHB*	SHC*	S			Zn	Mn	Fe	Cu	B	NO3-N	Tx	NH4	Cl	Al	H2O			
(Surface)			X																													
Check only if subsoils are submitted for N03-N only																		Subsoil One: Depth ___ to ___ <input type="checkbox"/>	Subsoil Two: Depth ___ to ___ <input type="checkbox"/>													
(Surface)			X																													
Check only if subsoils are submitted for N03-N only																		Subsoil One: Depth ___ to ___ <input type="checkbox"/>	Subsoil Two: Depth ___ to ___ <input type="checkbox"/>													
(Surface)			X																													
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(Surface)			X																													
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(Surface)			X																													
Check only if subsoils are submitted for N03-N only																		Subsoil One: Depth ___ to ___ <input type="checkbox"/>	Subsoil Two: Depth ___ to ___ <input type="checkbox"/>													

If fertility recommendations are required, complete this section. Recommendations charge includes three crops or yield levels.			
Crops To Be Grown	Yield Goal	Previous Crop	Surface Sample Depth (Inches) to
Remarks:			
Crops To Be Grown	Yield Goal	Previous Crop	Surface Sample Depth (Inches) to
Remarks:			
Crops To Be Grown	Yield Goal	Previous Crop	Surface Sample Depth (Inches) to
Remarks:			
Crops To Be Grown	Yield Goal	Previous Crop	Surface Sample Depth (Inches) to
Remarks:			

\*SHB = Soil Health Basic Package: \$55  
\*SHC = Soil Health Complete Package: \$65  
\*Wisconsin Certified Test = Check this box if you intend to use your results for your Wisconsin Nutrient Management Plan and fill out the Wisconsin Certified Soil Sample Submittal Form.

For fees and sampling instructions, visit the agriculture link on our website at [www.midwestlabs.com](http://www.midwestlabs.com)

Remarks: \_\_\_\_\_

Signature of Sampler: \_\_\_\_\_ Date Shipped: \_\_\_\_\_

**Complete Identification with Grower/farm/Field**

**Fill out each sample id box per the id on your sample bags**

**Complete Copy To Section to receive copy of your report from MWL**

**State and County where soil was collected is required!**