



SOIL SAMPLE SUBMISSION FORM – INDIVIDUAL ANALYSIS

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Email: _____	<i>Send copy of report to:</i> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Email: _____
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- Email report only:** Check this box and record your email address if you would prefer to have an electronic report rather than a hardcopy
- Excel file:** Check this box if you prefer to have your results sent to you as an Excel formatted spreadsheet rather than a pdf report

Sample ID(s): _____ (for multiple samples, attach an additional sheet listing sample IDs)

Quantity	Analysis Request	Fee ¹
_____	Standard Fertility Test ²	\$9.00
_____	Sample prep fee (dried/ground to less than 2 mm) for samples w/o Standard Fertility Test.....	\$2.00
_____	Organic Matter	\$5.00
_____	Soluble Salts	\$5.00
_____	Nitrogen, Nitrate	\$5.00
_____	Nitrogen, Ammonium.....	\$10.00
_____	Nitrogen, Total (combustion)	\$10.00
_____	Carbon, Total (combustion)	\$15.00
_____	Particle Size (includes soil texture class).....	\$20.00
_____	Sand Sieve	\$20.00
_____	pH (1:1 water).....	\$5.00
_____	Lead (EPA Method 3050B + 6010)	\$27.00
_____	Arsenic (EPA Method 3050B + 6010)	\$27.00
_____	Mercury (EPA Method 7473)	\$35.00
_____	Selenium (EPA Method 3050B + 6010)	\$27.00
_____	Calcium Carbonate Equivalence (CCE%) (ASTM Method C 25).....	\$25.00
_____	Total Sorbed Metals I (cadmium, copper, lead, nickel, chromium, zinc).....	\$65.00
_____	Total Sorbed Metals II plus mercury (Total Sorbed Metals I plus arsenic, mercury, molybdenum and selenium).....	\$160.00
_____	Other (requires prior arrangement with the lab).....	\$ _____

Total: _____

¹ Volume discounts available. Please contact the laboratory.

² Includes pH (1:1 water), acidity (Mehlich buffer), Mehlich 3 extractable P, K, Ca, Mg, Zn, Cu, and S, and CEC (by summation).

Payment Method

- Payment enclosed. Make checks payable to: *Penn State University*
- Charge my credit card: Name on Card: _____ (Please print)
- Type: ___ Visa ___ MasterCard (Check one)
- Number: _____ Expiration Date: ___ / ___ / ___