Report #:

Date:

Plant & Soil Sample Submission Form

Sample Information

GROWER: _____

PCA: _____

PCA COMPANY: _____

SAMPLE DATE: _____

COUNTY: _____

EMAIL: _____

Billing Information

ADDRESS: _____

CITY_____STATE_____ZIP_____

PHONE #:_____

P.O. # _____

EMAIL: _____

Unless a credit account has been established, payment by check, credit card, or cash is required at the time of sample delivery.

Testing Code(s)	Sample ID	Crop	Comments

*Testing cost includes analytical results, evaluation, and images when appropriate

**Average turnaround time is 10-14 business days

Estimated Cost: _$_____

Authorized by: (Signature) _____(print) _____Date: _____

California Agri Diagnostics LLC
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209-502-4670
www.plantpathlab.com/
Monday – Friday 8:00 a.m. – 4:30 p.m.