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St-Ours, Qc, J0G 1P0
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Request no.

ANALYSIS REQUEST FORM

SOIL SATURATED EXTRACT (SSE)

IDENTIFICATION

FROM (CCAE, Company, etc.)		**SAMPLE** (Farm, owner of the samples, etc.)	
Company Name		**Company Name**	
Contact		**Contact**	
Address		**Address**	
Postal code		**Postal code**	
Phone		**Phone**	
Email		**Email**	
☐ Send invoice to this person/company [1]		☐ Send invoice to this person/company [1]	

Send report to : Organization name : _____ To the attention of : _____

Email : _____

1 : Check the appropriate boxes to indicate who must be charged for the analysis and recipient(s) of the analysis report.

SIGNATURE (customer or his representative)

SAMPLES AND ANALYSIS :

Identify each sample and check analysis required.

ANALYSIS

2 : P, K, Ca, Mg, Al, B, Cu, Fe, Mn, Na, S in SO_4, Zn, pH, conductivity

	For lab use only Lab number	Sample identification (10 digits max.)	Sample date (dd/mm/yyyy)	Sampler	Standard [2]	Standard [2] + nitrates	Hardness (Ca and Mg)	Conductivity	pH	Nitrates	Ammoniacal Nitrogen	Other (specify in Comments section)
1					☐	☐	☐	☐	☐	☐	☐	☐
2					☐	☐	☐	☐	☐	☐	☐	☐
3					☐	☐	☐	☐	☐	☐	☐	☐
4					☐	☐	☐	☐	☐	☐	☐	☐
5					☐	☐	☐	☐	☐	☐	☐	☐
6					☐	☐	☐	☐	☐	☐	☐	☐
7					☐	☐	☐	☐	☐	☐	☐	☐
8					☐	☐	☐	☐	☐	☐	☐	☐
9					☐	☐	☐	☐	☐	☐	☐	☐
10					☐	☐	☐	☐	☐	☐	☐	☐

COMMENTS

FOR LAB USE ONLY

Reception date : _____

Receiver : _____ Entered : Date : _____ Initials : _____

☐ Postage due, no. : _____ Delivery : ☐ Courier ☐ Customer or his representative

Rejected, specify :