



New Jersey Agricultural
Experiment Station

Lab # _____
Received _____
Invoice # _____

SOIL TESTING LABORATORY

57 U.S. Highway 1 South
ASB-II, Cook Campus
New Brunswick, NJ 08901
(848) 932-9295 Fax: (732) 932-9292
www.njaes.rutgers.edu/soiltestinglab/

Technical Testing

Soil sample submission form for technical testing

Company/Organization/Institution

Contact name

Street or R.D. number

(____)____ - _____ (____)____ - _____
Telephone FAX

City, State, Zip

Email address for electronic reporting (otherwise, report FAXed)

Lab No. (STL use)	Sample ID	Tests Requested (see Services & Fees)	RUSH? (add \$50)

- Provide recommendation for new planting** (choose one type for all samples):
 cool-season grass acid-loving shrubs/trees other shrubs/trees herbaceous perennials annuals

.....
Please include payment by check to **"Rutgers, The State University of New Jersey"**
or provide credit card information below.

- Visa or Mastercard or Discover

Name as it appears on card

_____-_____-_____
Card number

Billing address (if different than above)

____/____
Expiration date

3-digit Security code

Signature

Lab use