



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	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

For any additional fees, please attach 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

Billing address (if different than above)

_____-_____-_____
Card number

____/_____
expiration date

3-digit Security Code

Signature