



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

Please print legibly!

Company/Organization/Institution

Contact name

Street or R.D. number

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

City, State, Zip

Email address

Lab No. (STL use)	Sample ID (match sample bag label)	Tests Requested (see Services & Fees)	RUSH? add fee

Provide recommendation for new planting (choose one type for all samples):

- cool-season grass
- acid-loving shrubs/trees
- other shrubs/trees
- herbaceous perennials
- annuals

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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