SOIL TESTING — RESEARCH

NCDA&CS Agronomic Division Soil Testing Lab
Mailing Address (USPS): 1040 Mail Service Center, Raleigh NC 27699-1040
Physical Address (UPS/FedEx): 4300 Reedy Creek Road, Raleigh NC 27607
Phone: (919) 664-1600

*** REQUIRED FIELDS**

		RESEARCHER		PROJECT LEADER	
Project / Farm ID	Amt Due $_____ Amt Paid $_____ Payment Method: ◯ Check ◯ Online ◯ Escrow Account *(provide Account Name or # below)* _____	* Last Name * First Name		Last Name First Name	
Sampling Date		Mailing Address		Mailing Address	
* County *(Where Collected)*		City State Zip		City State Zip	
Number of Samples	* Party Responsible for Payment: _____	* Email		Email	
		Phone	PALS Account #	Phone	PALS Account #

KEY INFORMATION

Each sample submission batch **must** include a printed copy of:

- ✓ This Soil Sample Submission form
- ✓ The completed and signed Cooperative Research Project Agreement
- ✓ The NCDA&CS Soil Sample ID Continuation Page

- Notify the Soil Lab Director at least one week prior to sample drop-off
- Submit samples only in NCDA&CS soil sample boxes
- Fill box with to the red fill line
- Contact the Lab Director regarding sample turnaround time

_____

** Researcher signature*

I attest that I have read and understood these instructions.

Sample Collection

Sample Submission