

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 \$ _____	* Last Name	* First Name	Last Name	First Name
Sampling Date	Payment Method: Check Online Escrow Account (provide Account Name or # below) _____	Mailing Address		Mailing Address	
* County (Where Collected)		City	State Zip	City	State Zip
		* Email		Email	
Number of Samples	* Party Responsible for Payment: _____	Phone	PALS Account #	Phone	PALS Account #

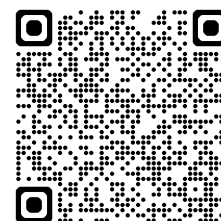
KEY INFORMATION

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

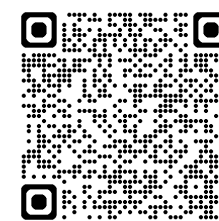
- ✓ This Soil Sample Submission form
 - ✓ The completed and signed Cooperative Research Project Agreement
 - ✓ The NCDA&CS [Soil Sample ID Continuation Page](#)
- Notify the Soil Lab Director at least one week prior to sample drop-off
 - Submit samples only in NCDA&CS soil sample boxes
 - Fill box with 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](#)