

* In State \$10 Out of State \$25

Predictive Diagnostic

SOLUTION ANALYSIS

NCDA&CS Agronomic Division [Solution Analysis Lab](#)
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OFFICE USE ONLY

Date Rec'd _____
 Initial _____



[Solution Analysis Lab Homepage](#)



*** REQUIRED FIELDS**

		CLIENT		ADVISOR			
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
Number of Samples	* Party Responsible for Payment: _____	Email		Email			
		Phone	* PALS Account #	Phone	* PALS Account #		

Lab Number (lab use only)	* Sample ID	* Solution Code (see below)	Sample Description/Comments	Corresponding Sample IDs			Molybdenum (\$5)
				Soil	Plant	Media Nematode	

*** SOLUTION CODES**

- | | | | | | | |
|--------------------------------------|----------------------------|-------------------------|-------------------|-------------------------------------|----------------------|------------------------------|
| Tobacco | Nutrient Solution | Source Water | Irrigation | Aquaculture /Fish Production | General Water | Animal Drinking Water |
| ST Float bed source water | HT Tomato, Hydroponic | SP Pesticide Solution | IW General | AS Source Water | QG Well Water | LS Swine |
| NT Float bed nutrient solution | HC Cucumber, Hydroponic | SH Hydroponic | IO Overhead | AQ Aquaponics Solution | QH Municipal Water | LC Cattle |
| NG Organic tobacco nutrient solution | HL Lettuce, Hydroponic | SF Floriculture | IT Trickle | FP Fish Pond/Recreation | QS Surface water | LH Horse |
| | HH Herb, Hydroponic | SV Vegetable Transplant | AP Irrig. Pond | AO Other | QO Other | PC Poultry |
| | HO Other, Hydroponic | SO Other | | | | LO Other |
| | NL Pour-thru Leachate | | | | | |
| | NS Nutrient Solution, Drip | | | | | |

[Sample Collection](#)



[Tests and Fees](#)

