

COMMERCIAL DIAGNOSTIC SOIL TESTING **N.C. ONLY**



NCD&CS Agronomic Division [Soil Testing Lab](#)

Mailing Address (USPS): 1040 Mail Service Center, Raleigh NC 27699-1040
 Physical Address (UPS/FedEx/DHS): 4300 Reedy Creek Rd, Raleigh NC 27607
 Phone: (919) 664-1600



[Sample Collection](#)



[Crop Codes](#)

Peak Season Fee: **\$5**
 Check our [website](#) for peak season dates

*** REQUIRED FIELDS**

		CLIENT			ADVISOR		
Farm ID	Amt Due \$ _____ Amt Paid \$ _____	* Last Name	* First Name	Last Name	First Name		
Sampling Date	Payment method : Check Online (CC) Escrow Account (Name or # Below)	Mailing Address		Mailing Address			
* N.C. 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 <i>(lab use only)</i>	* Sample ID (Must match soil box)				Lime Applied Past 12 Months ton/ac Month	*Crop Code	*Crop	Crop Conditions		Growth Stage	Corresponding Sample		Droughty		Soil Compacted	
								Good	Bad		Plant Tissue	Nematode	Yes	No	Yes	No

Growth and Color of Abnormal Plants					Management and Field Conditions									
New Growth:	Good	Fair	Poor	Dead	Planting Date:	_____								
Root Condition:	Good	Fair	Poor	Dead	Prior Crop Affected?	Yes	No							
Legumes Only:	Nodulated?	Yes	No											
Symptoms:	Stunted	Distorted leaves	Brittle leaves	Discolored leaves	Rainfall:	Below normal	Normal	Above normal						
Leaf Color:	Green	Light green	Yellow	Purple/Red	Brown	Temperature:	Below normal	Normal	Above normal					
Symptom Location:	Young leaves	Old leaves	Whole Plant											
Symptom Pattern:	Whole leaf	Veins	Between veins	Margins	Tips	Tillage:	Conventional	No-till	Strip-till	Minimum Till	Turbo Till			
					Comments:	_____								

Diagnostic testing is for problem samples only. Samples submitted without diagnostic information provided will be analyzed as routine/predictive.

By submitting this form, permission is granted (per N.C.G.S. 106-24.1) to release information & laboratory results associated with analysis of these samples to the following people/entities only:
 (1)the advisor, and (2) NC State Univ. / NC Cooperative Extension Service. I attest that these samples were collected in NC.