



UConn Soil Nutrient Analysis Laboratory

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UConn
 COLLEGE OF AGRICULTURE,
 HEALTH AND NATURAL
 RESOURCES
 PLANT SCIENCE AND LANDSCAPE
 ARCHITECTURE

Contact Information:	
Name:	
Business name:	
Address	
City, State, & Zip:	
Phone:	County, if CT:
Email:	

RESULTS
Check one
<input type="checkbox"/> MAIL
<input type="checkbox"/> E-MAIL

Discount Sample Submission Form for 10 or More Samples @ \$8/sample - check payable to UConn

Date Rec'd _____ Cash Amt _____ Check Amt _____ Check # _____

	Sample Name ((Maximum 12 Characters)	Crop Codes (Limit 3)	For Office Use Only		
			Lab #	pH	Buffer pH
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					