1. **TEST REQUESTED:**
   - Package #1 (pH, Buffer pH, P, K)
   - Package #2 (pH, Buffer pH, P, K, O.M., NO₃)
   - Package #3 (pH, Buffer pH, P, K, Zn)
   - Other

2. **SOIL TYPE:**
   - Sandy
   - Loam
   - Clay
   - (i.e. Flowers, Shrubs, Etc.)

3. **SAMPLE NAME:**

4. **SAMPLE AREA:**
   - Was the sample made from a mix of 4 or more areas? _____ Yes _____ No

5. **RECOMMENDATIONS REQUESTED FOR (CHECK ALL THAT APPLY):**
   - **Flowers**
     - Annual Flowers (marigolds, zinnias, etc.)
     - Spring-flowering Bulbs (Tulip, Hyacinth, etc.)
   - **Perennial flowers (list types below)**
     - Cannas
     - Caladiums
     - Dahlias
     - Lilies
     - Iris
     - Peonies
     - Day Lilies
     - Wildflowers
     - Other
   - **Woody Plants**
     - Roses
     - Shrubs (list types)
     - Trees (list types)
     - Other

6. **CONDITION OF PLANT(S)**
   - Plant growth in sampled area:
     - Normal
     - Abnormal (describe)
     - Not planted yet
   - If only a few plants show abnormal growth, list which type(s):

7. **CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):**
   - a. How often do you fertilize?
     - Every Year
     - Twice a Year
     - Every other Year
     - Never
     - Other
   - b. When do you fertilize?
     - Prior to planting
     - During growing season
     - During dormant season
     - Other
   - c. What kinds of fertilizer do you use?
     - High phosphorus (5-10-5, 18-46-0, etc)
     - Balanced (10-10-10, 13-13-13, etc)
     - High Nitrogen (33-0-0, 20-4-8, etc)
     - Organic (manure, etc)
     - “Starter Fertilizer” for transplants
     - Other
   - d. How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc)?

8. **INDICATE SPECIAL PROBLEMS:**
   - Insects
   - Disease
   - Poor drainage
   - Shade
   - Grassy Weeds
   - Broadleaf Weeds
   - Other (Describe)

Please fill in this sheet completely. The more information you provide on this form, the more complete and helpful your soil recommendation will be to you.