

Spring Hill Soil Laboratory
Cowichan Valley, B.C

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CLIENT INFORMATION FORM

Please phone or email ahead to discuss your sample/s and to be sure that there is adequate time for microscopic analysis to occur as soon as possible after we receive it.

Once we have arranged a collection date, this form can be printed and mailed or dropped off with your samples (remember not to place labels inside the sample bag). Please complete this information form along with one identification label for each sample you are submitting.

****Samples should be collected on the day they are submitted.****

Name:

Address:

Email:

Telephone number:

Number of samples you are submitting:

How would you prefer to receive your report? Email Mail

Would you like to receive a follow-up phone call to help interpret your results?

Yes Preferred days/times to call:

No

Additional comments:

SAMPLE IDENTIFICATION LABELS

Complete one label for each sample you submit. Be sure to match the sample identification information with the label you have written on the ziplock bag (see sampling protocol instructions).

Type of sample: soil compost compost extract compost tea
 worm leachate Other

Sample identification:

Date and time collected:

Date mailed/dropped off:

Present plant/s:

Desired plant /s:

Other information:

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 worm leachate Other

Sample identification:

Date and time collected:

Date mailed/dropped off:

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