

date rec'd: \_\_\_\_\_  
(lab use only)

**ANALYSIS REQUEST TO:**

Job# \_\_\_\_\_  
(lab use only)

**ANALYTICAL LAB  
5722 Deering Hall  
Orono ME 04469-5722**

1. If your samples are **forage, manure, standard soil test, or greenhouse soil test** please fill out a specific sample form for that analysis, NOT THIS ONE. Those forms are available at drop off or on our web site.
2. All other types of samples use this form.
3. All sample containers must be **CLEARLY** labeled with:  
**1. YOUR NAME & ADDRESS**  
**2. SAMPLE NAME or NUMBER**

YOUR NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUS. PHONE# \_\_\_\_\_ PURCHASE ORDER# \_\_\_\_\_ (optional)

Would you like your samples returned? YES \_\_\_ NO \_\_\_

Would you like your results emailed? YES \_\_\_ NO \_\_\_ Email address: \_\_\_\_\_

**CHECK ONE:**

Payment submitted \_\_\_ amount\* \_\_\_\_\_, Bill me later \_\_\_\_\_, University acct # \_\_\_\_\_

**\*DO NOT SEND CASH:** Refer to online price list or call (207) 581-2917.

<b>SAMPLE I.D. (please use numbers)</b>	<b># OF SAMPLES</b>	<b>SAMPLE TYPE</b>	<b>ANALYSIS REQUESTED</b>

**Chain of Custody** (if needed)

Sampled by:	Date/Time:	Received by:	Date/Time:
Relinquished by:	Date/Time:	Received by:	Date/Time: