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LAB USE ONLY

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**SHADED
AREAS
MUST BE
COMPLETED**

PLEASE PRINT

GROWER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

GROWER ACCOUNT NUMBER _____

SAMPLE DATE ____/____/____ SAMPLER _____

FIRM SUBMITTING (Report and Invoice will be sent to this address)

ACCOUNT NO. _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CO. _____ (10 char) FIELD ID _____ (15 char)

TWP. _____ (15 char) SAMPLE ID _____ (10 char)
 (i.e. 151N-54W)

SEC. _____ (2 char) QTR _____ (2 char) PREVIOUS CROP _____

MANURE APPLIED YES NO



CROP SELECTIONS	YIELD GOAL	P & K APPLICATION				
		BAND	BAND/MAINT	BROADCAST (Build)	BDCAST/MAINT	UNIVERSITY
1st _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE DEPTH

0 - 6" 0 - 24"

0 - 6", 6 - 24" 24 - 48"

0 - 6", 0 - 24"

Other _____

SOIL ANALYSIS OPTIONS
(Check One Box Only)

<input type="checkbox"/> SMALL GRAIN	<input type="checkbox"/> A	<input type="checkbox"/> E
<input type="checkbox"/> ROW CROP	<input type="checkbox"/> B	<input type="checkbox"/> EZ
<input type="checkbox"/> POTATO	<input type="checkbox"/> C	<input type="checkbox"/> EZS
<input type="checkbox"/> SUGAR BEET	<input type="checkbox"/> CZ	<input type="checkbox"/> F
<input type="checkbox"/> ALFALFA	<input type="checkbox"/> CZS	<input type="checkbox"/> T
<input type="checkbox"/> SOYBEANS-NORTH	<input type="checkbox"/> C1	
<input type="checkbox"/> SOYBEANS-SOUTH	<input type="checkbox"/> C3	
<input type="checkbox"/> CANOLA/SUNFLOWER	<input type="checkbox"/> C5	

DESCRIPTION OF OPTIONS ON BACK

ADDITIONAL ANALYSIS

<input type="checkbox"/> NITRATE-N	<input type="checkbox"/> CARBONATE	<input type="checkbox"/> SULFUR
<input type="checkbox"/> ORGANIC MATTER	<input type="checkbox"/> ZINC	<input type="checkbox"/> CEC
<input type="checkbox"/> CHLORIDE	<input type="checkbox"/> BORON	
<input type="checkbox"/> OTHER _____		

