## Sample Information

Consultant Name:

Company/Branch:

Email:

Interstate Samples have been double bagged (Tick when complete)
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AG	V٢	TA
	ANALY	

PO Box 188. Devonport TAS 7310 Ph: +61 3 6420 9600 Fax: +61 3 6427 0230

Email: info@agvita.com.au

AMPLE DATE:	
AMPLED BY:	

Mobile: BUSINESS TO BE INVOICED:

Order No.: POSTAL ADDRESS: **Soil Samples Only** \* 1 = low. 5 = high Sample Details (all fields must be completed)

Sample D	ample Details (all fields must be completed)					- 1011, 0 -					
Ref No Lab use only	Sample No	Paddock/Block ID (20 characters or less)	Grower	Crop Type	Variety	Growth Stage	Vigour (1-5)*	Soil Moisture (1-5)*	Depth From / To	Planting Date	Analytical Code (required)
	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
Have these paddocks been sampled before?  Y  N  DATE:											

Comments: (Soil temp, fert applications, weather conditions, variations/additions to Standard Lab Code analysis, soil type, previous crop, ect).

Sample 1:
Sample 2:
Sample 3:
Sample 4:
Sample 5:
Sample 6:
Sample 7:
Sample 8: