



ECO FARMS & AGRO
SERVICES LIMITED

Soil Analysis Sample

Submission Form

Client's Information

Full Name: _____

Farm Name: _____

Female

Male

Farm Address: _____

E-mail: _____

Phone: _____

Field size (hectares, acres, plots) _____

Crops to be grown _____

Sample Information

Please check that samples are uniquely identified eg. Field A sample 1, Field A sample 2, Field A Sample 3 etc.

Sample ID: _____

Soil Depth: _____

Laboratory Use Only

Laboratory ID: _____

Date Received: _____

Number of Samples Received: _____

Remark: _____

Consent and Agreement

I understand the soil test results are not a substitute for Good Agronomic Practice or advice. The Ecofarms will provide accurate information to the best of its standard practice. I consent to these and agree to follow the technician's recommendations for after-field care and crop management.

Client's Signature: _____

Technician's Signature: _____

Date: _____

Date: _____

Note: Samples can be submitted Monday- Friday 9:30 am - 4:pm
Results are due after 5-7 Business days.