

For Lab Use Only:

Date Received: _____

Number Assigned: _____

LABORATORY TESTING SERVICES:

1574 Sky Park Drive
Medford, OR 97504
+1.541.646.6042
shanew@kalixcpn.com

Samples Submitted By (Client Name)

Send Copy of Results To:

Name: _____

Name: _____

Company: _____

Company: _____

Address: _____

Email: _____

City: _____

Text byPhone: () _____

State: _____ Zip: _____

Postal System Address: _____

Phone: _____ Fax:- _____

Email: _____

Analytical Results		Water - \$60	Soil - \$88	Leaf/Petiole Tissue \$78	Fertilizer - \$60	TOTAL \$\$
<input type="checkbox"/>	Pick Up At Store	Number of tests: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$
<input type="checkbox"/>		Payment Info: Credit card # _____		Exp. Date: _____		CVC: _____
<input type="checkbox"/>		Check Attached: Check # _____				

Sample type	Description	Comments
Identification (soil, tissue, etc.)	Include a description for identification purposes – Where did sample come from?	List any other descriptions or comments.
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		