

Tissue Sample Submission Form - Online Purchase

How to Submit Soil Sample(s):

Select an Area to Sample

The area needs to be uniform in color, texture, depth and drainage with the same fertilizing program and type of homogenization. An area with similar plants can be grouped into one sample. Areas with plants that are exhibiting unusual symptoms need to be treated as separate samples.

Depth of Soil Sampling

Remove surface vegetation. For garden beds or containers, sample generally from the surface to 6 or 8 inches. For Native or clay soils sample 2 to 6 inches.

How to Submit Soil Sample

Use a soil probe, auger, or dig a hole with a trowel and scrape the edge of the hole to remove a sample. Tools need to be clean and not rusty. Avoid sampling when the soil is too wet or too dry.

For a small area or individual plant, obtain at least two or three samples (approx. 1 cup per sample) from different locations. For large areas, garden beds, or multiple containers at least five samples should be obtained, homogenized and then subsampled for analysis.

Place 4 cups into a zip lock plastic bag (about half way full). Clearly label the sample name & number on the outside of the bag.

How to Submit Water Sample(s):

Please send at least 12 oz. in a plastic container. Clearly label.

How to Submit Plant Tissue Sample(s):

Remove leaf, stem and/or roots with a clean razor or scissors. Place sample in a dry paper towel in a zip lock plastic bag. 10-12 leaves or 8oz stalk/roots is required. Clearly label.

How to Ship

Clearly label the sample name on the outside of the container and place in a suitable mailer. It is best if we receive the sample within 3 days. Please print, fill out and send this form with your sample(s). For soil samples additional information regarding the location of the sample, photoperiod, and the amount of yardage (beds/pots/in ground) would be helpful if you are looking to amend with us.

US Postal Service, Fed Ex or UPS shipping address:

Soilscape Solutions 970 W Waterfront Dr Eureka, CA 95501

Contact Information

| Client/Farm Name: | |
|-------------------|--|
| Email Address: | |
| Phone Number: | |
| Online Order #: | |

| Sample Name (Name Your Sample) | Photoperiod (Dep/Full Sun/Indoor) | Plant Growth Phase (Day #, Week #, or Veg/Bloom) | Total Canopy (Sq/Ft) | What are you testing for specifically? (Pathogens, deficiencies, general feedback, etc.) |
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