

Soil Nitrate Submission Form



Name _____

Address _____

City _____ State _____ ZIP _____

County _____ Account # _____

Email _____ Phone # _____

(If email address is provided, report will be sent in a PDF format to you.)

Use Priority Mail when shipping samples to AgSource Laboratories to ensure prompt turnaround. Samples should be frozen.

| TEST(S) TO BE COMPLETED | |
|-------------------------|--|
| | PRE-SIDEDRESS NITRATE (PSNT) *Requires a 12 in. soil sample at V6 |
| | PSNT + AMMONIUM |

| LAB USE ONLY |
|---------------------|
| Date Received _____ |
| Lab # _____ |
| County Code _____ |

| FIELD LETTER AND/OR NUMBER | SAMPLE # | ACRES IN FIELD | FIELD HISTORY (Check appropriate box below) SOIL NAME _____ YIELD CODE _____ | ADD AMMONIUM |
|----------------------------|----------|----------------|---|--------------|
| | | | Continuous Corn First Year Corn after Established Alfalfa* | |
| | | | Continuous Corn First Year Corn after Established Alfalfa* | |
| | | | Continuous Corn First Year Corn after Established Alfalfa* | |
| | | | Continuous Corn First Year Corn after Established Alfalfa* | |
| | | | Continuous Corn First Year Corn after Established Alfalfa* | |
| | | | Continuous Corn First Year Corn after Established Alfalfa* | |
| | | | Continuous Corn First Year Corn after Established Alfalfa* | |
| | | | Continuous Corn First Year Corn after Established Alfalfa* | |
| | | | Continuous Corn First Year Corn after Established Alfalfa* | |
| | | | Continuous Corn First Year Corn after Established Alfalfa* | |
| | | | Continuous Corn First Year Corn after Established Alfalfa* | |
| | | | Continuous Corn First Year Corn after Established Alfalfa* | |

*Please provide any remarks on soil depth here