



## ANALYTICAL LABORATORY SAMPLE SUBMISSION SHEET & FEES LIST

132 Postle St. • PO BOX 26 • Morral, OH 43337 • (800) 554-3981 • FAX ( 740) 465-9781

\_\_\_\_\_  
**SAMPLE ID**  
 (Identify multiple samples clearly)

\_\_\_\_\_  
**FERTILIZER GRADE**  
 (If applicable)

\_\_\_\_\_  
**CUSTOMER/ BUSINESS NAME**

\_\_\_\_\_  
**SUBMITTED BY**

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**EMAIL**  
*(ALL RESULTS VERIFIED VIA EMAIL  
 UNLESS PHONE IS REQUESTED )*

\_\_\_\_\_  
**PHONE NUMBER**

### •ANALYSIS DESIRED•

(Check All Tests Desired)

#### NITROGEN

Total N \_\_\_\_ \$20

Urea N \_\_\_\_ \$40

SRN\* \_\_\_\_ \$50

WIN\* \_\_\_\_ \$25

#### PHOSPHORUS (P<sub>2</sub>O<sub>5</sub>)

Total \_\_\_\_ \$20

Ortho/Poly \_\_\_\_ \$25

**POTASSIUM (K<sub>2</sub>O)** \_\_\_\_ \$20

**10-34-0 PACKAGE**  
 (N, P<sub>2</sub>O<sub>5</sub> breakdown, Density, pH) \_\_\_\_ \$45

**NPK PACKAGE** \_\_\_\_ \$45

**MICRONUTRIENTS\*** (Specify) \_\_\_\_\_ \$20

#### ADDITIONAL REQUESTS

\_\_\_\_\_  
 \_\_\_\_\_

\*Pre-Submission Consultation Requested.

*PLEASE SEND A MINIMUM OF 4OZ LIQUID/ 1/4 LBS  
 GRANULAR AND CLEARLY LABEL/ MARK EACH BOTTLE.*

#### LAB USE ONLY

DATE RECEIVED \_\_\_\_\_

ID # \_\_\_\_\_

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#### SHIP SAMPLES TO:

**MORRAL COMPANIES / ATTN: LABORATORY**

132 Postle St. • PO Box 26

Morral, OH 43337