

For Lab Use Only:

Date Received: _____

Number Assigned: _____

LABORATORY TESTING SERVICES

1574 Sky Park Drive
Medford, OR 97504
+1.541.858.3333
sue@cann-ag.com
blake@cann-ag.com

Samples Submitted By (Client Name)

Name:

Company:

Address:

City:

State: Zip:

Phone: Fax:

Email:

Send Copy of Results To:

Name:

Company:

Email:

Text – Phone#:

Postal System Address:

Analytical Results		Soil - \$75	Water - \$60	Leaf/Petiole Tissue - \$78	Fertilizer - \$60	TOTAL\$\$	
<input type="checkbox"/> Pick Up At Store	Number of tests:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	\$	
<input type="checkbox"/> Schedule Consultation with Harley Smith (\$120.00 per hour)	Payment Info: Credit Card#	_____				Exp. Date:	cvc: _____
	Money Order Attached: MO#	_____					

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		