

Soil Submission Form

Fee: \$15 cash/check, \$16 credit card

Diagnostic Clinic
Cornell Cooperative Extension
2449 St. Paul Blvd
Rochester, NY 146177
585) 753-2550
monroe@cornell.edu

Box 1.

Customer Name: _____
Home Address: _____
Phone #: _____ Your (legible) Email: _____

Diagnostic Clinic - Soil
Sample



Box 2.

CCE is required to comply with federal government reporting requirements. Please check all appropriate boxes. The data will be kept confidential and used solely for analytical and reporting purposes.

Gender: Male Female Other **Ethnicity:** Hispanic or Latino Non-Hispanic Other
Race: African American/Black White Native American Asian Pacific Islander Other

Box 3. Provide as much information about the specimen as possible (Circle all that applies)

Check only One Box:

Turfgrass Tree/Shrubs Annual Bed Perennial Bed Vegetable Plot
 Berries Grapes Fruit Trees Wildlife Food Plot

When were plants installed? Not yet planted This Year Prior Year Established

Sun Exposure: Full Sun (7hr or more) Partial Shade (3-6hrs) Shade (less than 3hrs)

Was lime applied to the soil last year? Yes No

Was sulfur applied to the soil last year? Yes No

Have you fertilized in the last year? When _____ Number of Times/Yr. _____

TEST RESULTS

pH _____ N _____ P _____ K _____

Loamy Sand Sandy Loam Loam Silt Loam Sandy Clay Loam
 Clay Loam Silty Clay Loam Sandy Clay Clay Silty Clay

Diagnostician: _____ Completion Date: _____ Email Date: _____

Thank you for your business!