

Instructions for Completion of Soil & Tissue Work Request

Please fill out all highlighted sections and complete other sections as needed. Listed below you will find some guidelines to better assist you in filling out the form.

1. **E-mail** (Optional but suggested for optimal result delivery)
Provide an e-mail if you would like a digital copy of the results and chain of custody.
2. **Copy To** (Optional)
Provide additional e-mails if you would like someone other than yourself to receive a copy of the results.
3. **Ranch** (Optional but suggested)
Examples: Ranch name, field name, address where sample was taken, etc.
4. **ID Crop** (If applicable)
List the crop to receive a critical level chart with your petiole, leaf, or soil results indicating typical low, adequate, or high levels.
5. **Description of Sample** (Required)
The description you provide will appear on the report and must match the description on the bags. When submitting soils, include soil sampling depths as part of your sample description.
6. **Material** (Required)
Indicate the matrix of your sample.
Example: Leaf, petiole, soil, silage, hay, manure, compost, etc.
7. **Analysis** (Required)
Check the appropriate analysis. If the analysis is not listed on the work request form, list it under other. When submitting your sample, be very clear about analyses needed. As an example, listing nitrogen is not enough information; specify TN, TKN, NH₄-N, NO₃ or NO₃-N.
8. **QA/QC Document, Copy of Chain, Comments/Recommendations** (If applicable)
Check if needed. Regulated samples will require QA/QC document and copy of chain.
9. **Chain of Custody** (If applicable)
Sign if you are required to send a copy to a regulatory agency.

Please contact our office at (800) 228-9896 if you have any questions or would like to speak to a consultant.

Soil & Tissue Work Request

DELLAVALLE LABORATORY, INC.

1910 W. McKinley Avenue, Suite 110 • Fresno, CA 93728

www.dellavallelab.com 559 233-6129 • 800 228-9896 • Fax 559 268-8174

Purchase Order No. _____ Bill To: _____ Acct# _____ Cons# _____

Company Name _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Cell/Email: _____

COPY TO: _____

REQUESTED BY _____

RANCH _____

ID CROP _____

Present _____ Stage of Growth _____

Intended _____ Previous _____

Date Sampled _____ Sampled By: _____

Analysis Required:

Leaf: TN L1 L2 L3

Petiole: NO3-N P1 P2 P3

Grape NO3-N G1 G2 G3 G2+TN

Petiole: _____

Soil: NO3-N S&S FA1 FA2 FA3

FA3+OM FA4

Crop Removal Analysis: CRA1 CRA2 CRA3

Manure/Compost: OSA1 OSA2 OSA3

Other: _____

No. of Samples _____ MATERIAL _____

DESCRIPTION OF SAMPLE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

QA/QC Document Copy of Chain Comments/Recommendations

CHAIN OF CUSTODY				
Carrier	Signature	Company	Received (Date/Time)	Relinquished (Date/Time)
First				
Second				
Third				
Fourth				

I guarantee that as the client, or on behalf of client named, I have the authority to contract the above requested services. Should it be found that I do not have such authority, I agree to be personally liable for all costs and, if there should be action against me for this breach, reasonable attorneys' fees. It is understood that payment is expected to be cash with samples unless terms have been previously arranged. Terms are net 30 days; overdue accounts will be charged a liquidated damage fee of 2% per month (annually 24%) or \$5.00 per month whichever is greater.

If payment is not made when due and a legitimate dispute exists concerning the product or services of Dellavalle Laboratory, Inc., it will be submitted to mediation under the Rules and Procedures of Creative Alternative to Litigation, Inc. (cal). If the dispute is not resolved in mediation, then the dispute will be submitted to binding arbitration through cal under its Rules and Procedures. The parties will equally bear the costs of mediation/arbitration. If, however, the mediator declares that no legitimate dispute exists, then debtor will pay all mediation and arbitration costs, and in the event of arbitration, reasonable attorneys' fees of Dellavalle Laboratory.

Invoicing Information:

Shipping
\$ _____ In
\$ _____ Out

Signature _____

Sample received in cooler with ice (coolant)

Yes NO

Amt Paid _____ Rec By _____ Check # _____ Date _____