



San Diego Agricultural Laboratory

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Sample Submission Form

Name: _____

Date: _____

E-mail: _____

Number of Samples: _____

Phone Number: _____

Sample Type (Check One)

Sample Number

	Sample ID (Name)	Soil	Plant Tissue	Water	Pathogen (Root rot, etc.)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					