

# TPS Lab

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## HUMATE / MANURE AND NON-USCC STA COMPOST SAMPLE SUBMITTAL AND CHAIN OF CUSTODY

LAB USE ONLY	
LAB N <sup>OS</sup> FROM _____	TO _____
DATE RECEIVED: _____	
BY: _____	

CLIENT ID: _____
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BILL / CHARGE     CONSULTANT     COMPOSTER

CONSULTANT NAME:		P/O N <sup>o</sup> :
TELEPHONE N <sup>o</sup> :	E-MAIL:	
COMPANY:		
ADDRESS:		
TOWN:	STATE / PROVINCE:	ZIP / POSTAL CODE:
COUNTRY (IF NOT U.S.A. OR CANADA):		

COMPOSTER CONTACT NAME:		
TELEPHONE N <sup>o</sup> :	E-MAIL:	
COMPOSTER / COMPANY:		P/O N <sup>o</sup> :
ADDRESS		
TOWN:	STATE / PROVINCE:	ZIP / POSTAL CODE:
COUNTRY (IF NOT U.S.A. OR CANADA):		

SEND REPORTS TO:     CONSULTANT     COMPOSTER     BOTH

DATE SAMPLES TAKEN:	SAMPLES TAKEN BY:
LOCATION:	

PROBLEMS OR COMMENTS: _____ _____ _____ _____
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<p style="text-align: center;"><b>SAMPLE TYPE</b></p> <p style="text-align: center;"><u>C</u>OMPOST    <u>M</u>ANURE    <u>H</u>UMATE    <u>O</u>ther</p> <p style="text-align: center;"><b>PRESERVATION (PRES.)</b></p> <p style="text-align: center;"><u>N</u>ONE    <u>I</u>CE / GELL    <u>D</u>RY ICE</p> <p style="text-align: center;"><b>COMPOST APPLICATION (APPL.)</b></p> <p><b>P</b> = POTTING MIX <b>T</b> = TOP DRESSING TO BE INCORPORATED INTO THE SOIL <b>M</b> = MULCH</p>
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LINE	LAB NO. LAB USE ONLY	YOUR SAMPLE I.D. MAX. 6 CHARS.	TIME SAMPLES TAKEN	SAMPLE TYPE C M H O	PRES. N I D	APPL. P T M	COMMENTS / FEEDSTOCKS  USE ADDITIONAL PAGES IF NECESSARY.
1			:				
2			:				
3			:				
4			:				
5			:				
6			:				
7			:				
8			:				
9			:				
10			:				
11			:				
12			:				
13			:				
14			:				
15			:				
16			:				
17			:				
18			:				
19			:				
20			:				

# Compost – Humate – Manure Analysis Order

SEE FEE SCHEDULE FOR AVAILABLE TESTS AND PRICES

LINE	TEST No.	PRICE	TEST No.	PRICE	TEST No.	PRICE	TEST No.	PRICE	LINE TOTAL
1		\$		\$		\$		\$	\$
2		\$		\$		\$		\$	\$
3		\$		\$		\$		\$	\$
4		\$		\$		\$		\$	\$
5		\$		\$		\$		\$	\$
6		\$		\$		\$		\$	\$
7		\$		\$		\$		\$	\$
8		\$		\$		\$		\$	\$
9		\$		\$		\$		\$	\$
10		\$		\$		\$		\$	\$
11		\$		\$		\$		\$	\$
12		\$		\$		\$		\$	\$
13		\$		\$		\$		\$	\$
14		\$		\$		\$		\$	\$
15		\$		\$		\$		\$	\$
16		\$		\$		\$		\$	\$
17		\$		\$		\$		\$	\$
18		\$		\$		\$		\$	\$
19		\$		\$		\$		\$	\$
20		\$		\$		\$		\$	\$

# PAYMENT / CHARGE SHEET

**TOTAL CHARGES: \$**

PAYMENT METHOD:  CASH     CHECK    NUMBER:

## CREDIT CARD ORDER

**To help protect your privacy, the following may be telephoned or FAXed:**

VISA     MasterCard     Discover     American Express

CARD №:     EXP. DATE: /    CODE:

NAME ON CARD:

BILLING ADDRESS:

TOWN:

STATE / PROVINCE:     ZIP / POSTAL CODE:

COUNTRY (If not U.S.A. or Canada):