



SGS - Toulon

117 East Main Street
PO Box 540
Toulon, IL 61483-0540

Phone (309) 286-2761
1-800-354-8197
Fax (309) 286-6251

Laboratory # _____

Date Ordered _____

Specialty Test Order Form

Account #:	45390	Laboratory Analysis Requested Please Check Appropriate Boxes	
Client Name:	Valerie Clingerman		
Business:	University of Illinois	<input type="checkbox"/> Phosphorus (Bray 2)	
Address 1:	1102 S Goodwin	<input type="checkbox"/> Phosphorus (Sodium Bicarbonate)	
Address 2:		<input type="checkbox"/> Heavy Metals	
City, State, Zip:	Urbana, IL 61801	<input type="checkbox"/> Sodium	
Email:		<input type="checkbox"/> Other _____	
Home/Office Phone:		<input type="checkbox"/> Soybean Cyst Nematode Cyst Count	
Mobile Phone:		<input type="checkbox"/> Soybean Cyst Nematode Egg Count	
Fax Number:		<input type="checkbox"/> Corn Nematode	
Farm ID:		<input type="checkbox"/> Soil Texture - by Hydrometer	
County:		<input type="checkbox"/> Limestone Analysis - %CaCO3 /Ca & Mg	
Patron:		<input type="checkbox"/> Nitrates	Depth: _____
Landlord:		<input type="checkbox"/> Soluble Salts	
Results to:		<input type="checkbox"/> Fertilizer Analysis - N,	
# of Copies:		<input type="checkbox"/> Manure/Sludge Analysis	<input type="checkbox"/> Basic (N,P,K,NH4)
			<input type="checkbox"/> Complete
		<input type="checkbox"/> Perimeter Tile Water	
		<input checked="" type="checkbox"/> Plant Tissue Analysis	
		<input type="checkbox"/> Herbicide Analysis	
		<input type="checkbox"/> Other Tests (List in Comment Section)	
		Comments: Be sure to include name & email to insure proper invoice & results	

Plant Tissue - Test 7 + Nitrogen

Invoice to Illinois Soybean Association
SGS - TOULON
Signature: _____
Print Name: _____
Title: _____
Date: _____

CLIENT COMPANY NAME:
Signature: _____
Print Name: _____
Title: _____
Date: _____