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Soil Testing—Home Garden Submittal Form (HG)

A routine soil test will be conducted. Your report will show Phosphorus, Potassium, Calcium, Magnesium, Zinc, pH and buffer pH.

Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____ Phone: _____

Number of Samples: _____

Enter codes from below
Multiple plants can be entered for each sample.

County Sample #	Optional Tests (Extra fee applies)	Owner Sample ID	Plant (Required)	Location	Shady or Sunny

-- Optional Tests -- (Extra fee applies)

- 05 - Heavy Metals (Cadmium, Chromium, Copper, Lead, Nickel, Zinc)
- 07 - Soil Texture (Sand, Silt, Clay & Textural Class)
- 23 - Micronutrients (Boron, Copper, Iron, Manganese)
- NR - No routine test

- BO - Boron
- OM - Organic Matter
- SS - Soluble Salts

See our price list for additional tests. <https://www.rs.uky.edu/soil/forms/pricelist.pdf>

Call the lab for submittal instructions when ordering tests not listed above.

This information is needed to customize recommendations.

-- select Plant -- (Required)

- | | |
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| <ul style="list-style-type: none"> Azalea/Rhododendron Blueberries Blackberries Broadleaved Evergreen Tree or Shrub Deciduous Shrub Deciduous Tree Flowers, Annual Flowers, Perennial Fruit Tree | <ul style="list-style-type: none"> Grapes Ground Covers Needled Evergreen Tree or Shrub Nut Tree Other (no recommendations) Raspberries Roses Strawberries Vegetable Garden |
|---|--|

-- select Location --

- EG - Existing Garden or Planting
- NEW - New Garden or Planting
- RB - Raised Bed (Veg or Flowers only)

-- select Shady or Sunny --

- SHD - Shady Location <7 hrs.
- SUN - Sunny Location 7+ hrs.

Extension office use: Report sent:

Date Received: _____ Received by: _____ Date Entered: _____ Date Paid: _____

Lab use:

Date Received: _____ Received by: _____ Lab #(s) : _____ Billing Code: _____