Cornell Cooperative Extension
Monroe County

Soil Submission Form

Fee: $15 cash/check, $16 credit card

Diagnostic Clinic
Cornell Cooperative Extension
2449 St. Paul Blvd
Rochester, NY 14617
585) 753-2550
monroe@cornell.edu

Box 1.

Lab # _____

Customer Name: _____

Home Address: _____

Phone: _____ Email *(Legible):* _____

Diagnostic Clinic - Soil Sample

Box 2.

CCE is required to comply with federal government reporting requirements. Please check all appropriate boxes. The data will be kept confidential and used solely for analytical and reporting purposes.

Gender: ☐ Male ☐ Female ☐ Other **Ethnicity:** ☐ Hispanic or Latino ☐ Non-Hispanic ☐ Other

Race: ☐ African American/Black ☐ White ☐ Native American ☐ Asian ☐ Pacific Islander ☐ Other

Box 3. Provide as much information about the specimen as possible (Circle all that applies)

Check only One Box:

☐ Turfgrass ☐ Tree/Shrubs ☐ Annual Bed ☐ Perennial Bed ☐ Vegetable Plot

☐ Berries ☐ Grapes ☐ Fruit Trees ☐ Wildlife Food Plot

When were plants installed? ☐ Not yet planted ☐ This Year ☐ Prior Year ☐ Established

Sun Exposure: ☐ Full Sun (7hr or more) ☐ Partial Shade (3-6hrs) ☐ Shade (less than 3hrs)

Was lime applied to the soil last year? ☐ Yes ☐ No

Was sulfur applied to the soil last year? ☐ Yes ☐ No

Have you fertilized in the last year? When _____ Number of Times/Yr. _____

TEST RESULTS

☐ **pH** _____ ☐ **N** _____ ☐ **P** _____ ☐ **K** _____

☐ Loamy Sand ☐ Sandy Loam ☐ Loam ☐ Silt Loam ☐ Sandy Clay Loam

☐ Clay Loam ☐ Silty Clay Loam ☐ Sandy Clay ☐ Clay ☐ Silty Clay

Diagnostician: _____ Completion Date: _____ Email Date: _____

Thank you for your business!