

# Sample Submission Form

**\*\*\* Please fill and print out this submission form before sending us your samples. \*\*\***

## Label and Contact Information Form

**Send your soil samples to**

Jo Tobias  
 c/o RootShoot Soils  
 7207 Celista Drive Vancouver, BC  
 V5S 4A1

**We currently only accept cash, cheque or e-transfer as our method of payment.**

### Contact Information

Contact Name:	Organization:
City, Province:	Postal Code:
Email:	Phone:

### Sample Information

Sample ID	Date Collected	Sample Type <input type="checkbox"/> Soil <input type="checkbox"/> Compost <input type="checkbox"/> Other: _____	Other Notes
Select your testing package <input type="checkbox"/> Core Package <input type="checkbox"/> Comprehensive Nematode Package <input type="checkbox"/> Total Bacteria-to-Fungi Ratio <i>only</i> (µg/g)		Plants Present	Plants Desired

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