Health Research Institute

Sample Submission Form

Title: Soil - Pesticide Testing - Direct Submission

Customer Information (print clearly)

Name: _____

Company (if applicable): _____

Mailing Address: _____

Phone Number: _____

Email for Results Delivery: _____

Testing Selection (Select all that apply)

☐ Glyphosate & AMPA

☐ Quats (Paraquat, Diquat, Chlormequat, Glufosinate)

☐ Pesticide Multi-Residue Panel (230+ compounds)

☐ Organophosphate Metabolites

Sample Source & Condition (Check all that apply)

Sample Type:

☐ Garden soil ☐ Agricultural field soil ☐ Compost/amendment blend

☐ Potting mix ☐ Other: _____

Collection Detail:

☐ Small acreage: Composite sample from ≥5 soil cores taken across the area of interest

Total cores collected: _____

☐ Large acreage: Composite sample from ≥10 soil cores per 100 acres, distributed throughout the field

Total cores collected: _____

☐ Soil plugs collected straight down (vertical profile)

☐ Soil under black plastic

☐ Other context: _____

Approximate Depth:

☐ 0–4" ☐ 4–6" ☐ 6–8" ☐ >8"

Pesticide Use:

☐ Pesticides have been applied recently

Approximate date of application: _____

Pesticide(s) applied (name or type, if known):_____

Amount applied (per acre): _____

Sample Processing (Drying, Pulverizing, and Homogenization) - Select one:

☐ **Self-Processed** (dried, pulverized, and thoroughly mixed to create a uniform sample)

☐ **HRI Lab Homogenization** ($45 fee)

Service Timeline (after sample receipt)

☐ Standard – 10 business days ☐ Expedited – 5 business days (150%) ☐ Rush – 48 hours (200%)

Supplemental Notes for the Lab

Chain of Custody (*Optional – if more than one party handled the sample)*

Collected by: _____ Date/Time: _____

Transferred to: _____ Date/Time: _____

Payment Method (select one)

☐ Check enclosed with shipment ☐ Invoice requested, email to: _____

Note: This form serves as the official request for laboratory testing and must accompany all submitted samples.

Authorization

By signing below, I confirm that the information provided is accurate to the best of my knowledge and that I agree to HRI's Terms & Conditions.

Authorized Signature: _____

Printed Name: _____ Date: _____