	SAMPLE SUBMISSION FORM (CN-FM-70) Revision No.2 Effective Date: / /2014	TOPseen
FOLIAR	COMPANY NAME :	
ANALYSIS	POSTAL ADDRESS(for Invoice) :	
	FARM NAME (one only per form) :	
	CONTACT NAME (to receive reports) :	
	MOBILE :	
	EMAIL FOR RESULTS :	

IMPORTANT! IMPORTANT!

FIELD / BLOCK NAME	Analysis Names (from Column B on page 2)	Crop	Crop Stage	Sampled Part
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

AVAILABLE LEAF & FOLIAR ANALYSIS

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Code	Analysis Name	Details	Days
	Complete Leaf Analysis	N,P,K,Ca,Mg, S, Fe, Mn, Cu, B, Na with RX	7
	Heavy Metals	As, B, Cd, Cr, Cu, Pb, Ni, Se, Zn	10

 Contact Details:
 Important Notes:

 Oatlands NSW 2117, Australia 1. We require at least 25-30 mature leaves equivalent to 200g of sample.

 Tel +61 2 2063 9933
 2. Samples containers should be totally free of contamination.

 Fax +61 2 2063 9934
 3. Leaf samples should be delivered to our labs as soon as possible.

 Email:healthy_soil@topseen.com

Physical Address for sample drop off: Topseen Client Contact Centre, 14 Brooker Avenue, Oatlands NSW 2117, Australia