



SOIL & WATER TESTING LABORATORY FOR RESEARCH, DERA GHAZI KHAN

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| SWT-DGK/ARF/01 | Analysis Request Form | Issue on | April 12, 2021 | Revision | 02 |
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ANALYSIS REQUEST FORM

| Sr. No. | Description | |
|---------|-------------------------------------|--|
| 1. | Name of the <i>customer</i> /Farmer | |
| 2. | CNIC # (Optional) | |
| 3. | Telephone No. (If available) | |
| 4. | E-mail (If available) | |
| 5. | Address: Village, | |
| 6. | UC | |
| 7. | Tehsil & District | |
| 8. | Longitude (If available) | |
| 9. | Latitude (If available) | |
| 10. | Square/ Killa No/ Any other. | |
| 11. | No of samples | |
| 12. | Depth of soil sample | |
| 13. | Crops Harvested/ Crops Planned: | |
| 14. | Fees received | Rs. _____, 16% GST: _____ Total: _____ |
| 15. | Receipt Date: | |
| 16. | Tentative Report Date: | |

ANALYSIS REQUIREMENT:

| SOIL <input type="checkbox"/> | WATER <input type="checkbox"/> | FERTILIZER <input type="checkbox"/> | PLANT <input type="checkbox"/> |
|--|--|---|---|
| No of Samples: | No of Samples: | No of Samples: | No of Samples: |
| PARAMETERS | PARAMETERS | PARAMETERS | PARAMETERS |
| Soil Texture <input type="checkbox"/> | Electrical Conductivity <input type="checkbox"/> | Nitrogen <input type="checkbox"/> | Nitrogen <input type="checkbox"/> |
| Electrical Conductivity <input type="checkbox"/> | Calcium and Magnesium <input type="checkbox"/> | Phosphorus <input type="checkbox"/> | Phosphorus <input type="checkbox"/> |
| Soil Reaction pH <input type="checkbox"/> | Sodium and Potassium <input type="checkbox"/> | Potassium <input type="checkbox"/> | Potassium <input type="checkbox"/> |
| Organic Matter <input type="checkbox"/> | Carbonates & <input type="checkbox"/> | Boron <input type="checkbox"/> | Micronutrients <input type="checkbox"/> |
| Extractable Phosphorus <input type="checkbox"/> | Bicarbonates <input type="checkbox"/> | Gypsum <input type="checkbox"/> | |
| Extractable Potassium <input type="checkbox"/> | Chlorides <input type="checkbox"/> | Micronutrients <input type="checkbox"/> | |
| Micronutrients <input type="checkbox"/> | SAR and RSC <input type="checkbox"/> | Other: <input type="checkbox"/> | |
| Extractable boron <input type="checkbox"/> | Other: <input type="checkbox"/> | Other: <input type="checkbox"/> | Other <input type="checkbox"/> |
| Other: <input type="checkbox"/> | Depth of Bore <input type="checkbox"/> | | |

Additional Information/Requirement:-----

• ---Test method selected :-----

• W Conformity State Required: Yes

No

If Yes, the Lab will provide the conformity statement in the tests report, according to the decision rule defined by the Lab in the test report vide Doc #SWT-DGK/AR/02.

Signatures of Customer/Farmer/Representative: _____ Date: _____

Signatures: (In charge Sample Receipt)

