



Sample(s) submitted by (company, person):

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Project name:

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**TESTING INFORMATION**

Sample Description(s) (e.g. rootzone mix, etc.):

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Sample Location/Date:

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Tests to be run - please select from list at right or enter below  
(multiple selections can be made from the list by holding the Ctrl key)

Other test(s) (please list below)

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**SPECIFICATIONS \***

Specifications (please select from list at right or enter below)

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Other Specifications  
or Testing Instructions:

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Rootzone	Gravel Blanket
Depth (in.):	Depth (in.):

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**BILLING INFORMATION**

Billing Party (Contact Name & Company)

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Billing Address:

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P.O. Number (if applicable):

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Primary	Secondary
Phone Number:	Phone Number:

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Fax Number:	Email Address:
Other parties to receive results:	

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Signature of Billing Party:

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Title:	Date:
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Please send this completed form in with each sample submittal to:

Turf Diagnostics and Design  
613 E. 1st  
Linwood, KS 66052  
Fax: 913-723-3701 Phone: 913-723-3700  
Email: [turfdiag@turfdiag.com](mailto:turfdiag@turfdiag.com)

\* The specifications section of this form only needs to be completed with the first sample submittal for each project.  
At the start of each project, please include a copy of the materials/testing specifications, so that proper testing can be performed.