

SUBMISSION FORM

Sample Collection Date: ___

INVOICING INFORMATION

Payment Included

ISTOMER INFORMATION

COSTOMERT			IIIVOICIIIO			.,	
Company Name			Send Invoice to:	Customer	Other, fill in be	elow	
Submitted By (First and Last Name)			Representative Authoritizing Sample	Name			
JRP Account #		New Customer?		Email			
Address			Check here if testing is a part of Jack's Pallet Program				
City/State/Zip			Send Copies of Results to:	Name		Email	
Phone #							
Email							
Ve have gone green! Be sui	e to include your email address to	allow the lab to en	nail you a notification whe	en your samples have	been received a	nd your analysis results sent v	when

approved. If you do not have an email address, your results will be mailed. Be sure to check out the JRP Lab Portal for updates or to electronically login and check the status of your sample(s). The portal address is: jrpeters.qbench.net/portal

SAMPLE INFORMATION

Sample Type (Media, Water, Tissue, Fertilizer Solution, Stock Solution, COA Fertilizer, etc.)	Sample Description (Max 20 Characters ex: Basil, Well Water)	Comments NOTE: If this is a concentrated stock solution, please note below with concentration rate.	Special Requests (Silicon, Fluoride, etc.)

After completing the above information, place it, along with your samples in the envelope provided and mail to JR Peters Laboratory, 6656 Grant Way, Allentown, PA 18106. Use a reputable carrier for shipping samples to the lab, tracking information is encouraged. We recommend UPS or express carriers to minimize delays and damage to samples. New customers must pre-pay for their first three submissions. Existing customers will be invoiced after the lab services are complete. We are here to listen to you! If you need technical support or help with your results call 866-522-5752, or email jackstech@jrpeters.com.

Special Paguests