



Heavy Metal Screening Test in Soil Sample Information Sheet

SOIL TESTING LABORATORY -- UNIVERSITY OF DELAWARE -- NEWARK, DE 19716-2170

1. NAME AND ADDRESSES		LAB USE ONLY																									
		BAG #																									
NAME (PLEASE PRINT)	SEND ADDITIONAL REPORT TO: (PRINT)	LAB #																									
ADDRESS	AGENCY / COMPANY	REC'D:																									
CITY STATE ZIP CODE	ADDRESS																										
TELEPHONE NUMBER	CITY STATE ZIP CODE																										
EMAIL ADDRESS																											
2. SAMPLE IDENTIFICATION																											
<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="margin-top: 10px;">YOUR SAMPLE NAME OR NUMBER (UP TO 15 CHARACTERS)</p>																					<table style="margin: 0 auto;"> <tr> <td style="width: 20px; height: 20px; border-bottom: 1px solid black;"></td> <td style="width: 20px; height: 20px; border-bottom: 1px solid black;"></td> <td style="width: 20px; height: 20px; border-bottom: 1px solid black;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">DATE SAMPLED (MONTH/DAY/YEAR)</td> </tr> </table>				DATE SAMPLED (MONTH/DAY/YEAR)		
DATE SAMPLED (MONTH/DAY/YEAR)																											
DEPTH SAMPLED: _____ Inches																											
INTENDED USES - Check all that apply: <ul style="list-style-type: none"> <input type="checkbox"/> Vegetable garden <input type="checkbox"/> Children's play area <input type="checkbox"/> Flower / other garden <input type="checkbox"/> Lawn <input type="checkbox"/> Other – Please Specify: _____ 																											
3. Comments:																											
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>																											