

**Soil Foodweb Canada East Ltd.**

1721 Lower Water Street  
Halifax, Nova Scotia B3J 1S5  
TEL: (902)421-5696 FAX: (902)421-2733  
info@sfce.ca

# Soil Biology

## Submission Form

### Instructions:

- Take several representative 1" diameter cores from upper 3" of soil. **Mix** cores together.
- Place **2 cups** of mixture in a sealable sandwich-size plastic bag. Be sure to include **roots**.
- Be sure to leave some **air** and empty space in the bag. It should be about **half full**.
- Send samples by **Next Day Air** or similar service.
- See [www.soilfoodweb.com](http://www.soilfoodweb.com) for more detailed sampling instructions

Name of Certified Soil Foodweb Advisor (if applicable): \_\_\_\_\_

<b>Mailing Address</b>		<b>Billing Address</b>	<i>If different from mailing</i>
Contact Person		Contact Person	
Organization		Organization	
Address		Address	
City, Province		City, Province	
Postal Code		Postal Code	
Phone		Phone	
FAX		FAX	
email		email	

**Report will be sent by e-mail or FAX.**

Cheque Enclosed\_\_ Invoice Net 30\_\_ Purchase Order # \_\_\_\_\_

American Express\_\_ MasterCard\_\_ VISA\_\_

Card# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Expires \_\_ / \_\_

Name on Card: \_\_\_\_\_

**Please note:**

**E. coli testing cannot be performed on samples arriving on a Friday.**

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Sample Identifier			
Intended Crop			
Irrigation Method			
Field History			
Date Taken			
Soil Type			
% Organic Matter			
Other Notes			

**Assays Requested:**

<b>Packages</b>			
Quantity	Package	Price	Subtotal
___	Total Foodweb	\$300.00	_____
___	Bacteria and Fungi	\$110.00	_____

Includes the following assays  
 TB-TF-AB-AF-Prot-Nem-VAM  
 TB-TF-AB-AF

<b>Individual Assays</b>				<b>Reminder:</b>  <b>When selecting VAM, or any package that includes VAM (such as the Total Foodweb Package) include roots with the soil sample - preferably from the desired crop.</b>  <b>Also Remember:</b>  <b>Samples arriving on a Friday cannot be tested for E. coli. If you need E. coli testing, be sure to send samples early in the week.</b>
Quantity	Assay	Price	Subtotal	
___	TB: Total Bacteria	\$30.00	_____	
___	TF: Total Fungi	\$30.00	_____	
___	AB: Active Bacteria	\$30.00	_____	
___	AF: Active Fungi	\$30.00	_____	
___	Prot: Protozoa	\$60.00	_____	
___	Nem: Nematodes	\$90.00	_____	
___	VAM: Mycorrhizal Colonization	\$75.00	_____	
___	Qualitative Assay	\$40.00	_____	
___	<i>E.coli</i>	\$40.00	_____	
___	pH + EC	\$10.00	_____	

**TOTAL OF ALL THE ABOVE:**           \$ \_\_\_\_\_  
**If payment is included (cheque or CC#): Subtract 10% of TOTAL:**   \$ \_\_\_\_\_  
**HST (14%):**                               \$ \_\_\_\_\_  
**AMOUNT DUE:**                           \$ \_\_\_\_\_