

Soil Foodweb Canada East Ltd.

90 Research Drive
Bible Hill, Nova Scotia, B6L-2R2
PHONE: (902)843-3982 **FAX:** (902)896-7276
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 courier service.
- See www.soilfoodweb.com for more detailed sampling instructions

Name of Certified Soil Foodweb Advisor (if applicable): _____

Mailing Address		Billing Address	<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: _____

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Sample Identifier			
Intended Crop			
Irrigation Method			
Field History			
Date Taken			
Soil Type (Sand – Loam – Clay)			
Organic Matter (Low – Medium – High)			
Other Notes			

Assays Requested:

Packages				
Quantity	Package	Price	Subtotal	Includes the following assays
___	Total Foodweb	\$275.00	_____	TB-TF-AB-AF-Prot-Nem (without VAM)
___	Total Foodweb	\$325.00	_____	TB-TF-AB-AF-Prot-Nem-VAM
___	Bacteria and Fungi	\$125.00	_____	TB-TF-AB-AF

Individual Assays				Reminder:
Quantity	Assay	Price	Subtotal	
___	TB: Total Bacteria	\$35.00	_____	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.
___	TF: Total Fungi	\$35.00	_____	
___	AB: Active Bacteria	\$35.00	_____	
___	AF: Active Fungi	\$35.00	_____	
___	Prot: Protozoa	\$70.00	_____	
___	Nem: Nematodes	\$100.00	_____	
___	VAM: Mycorrhizal Colonization	\$85.00	_____	
___	Qualitative Assay	\$50.00	_____	

TOTAL OF ALL THE ABOVE: \$ _____
If payment is included (cheque or CC#): Subtract 10% of TOTAL: \$ _____
SUB-TOTAL \$ _____
HST (15%): \$ _____
AMOUNT DUE: \$ _____