

**SOIL, WATER, MICROBIAL, LEAF, STEM BUD, ORGANIC & CHEMICAL  
FERT. & Non Edi Oil CAKE SAMPLE COLLECTION**



**Pratik Laboratories,**  
E-30, MIDC, Near India Garments,  
Kupwad, Sangli-416436  
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Sample Receipt Date & Time: \_\_\_\_\_  
Analysis Date & Time: \_\_\_\_\_  
Serial No.: \_\_\_\_\_  
Due date: \_\_\_\_\_  
Sample type:  Soil  Water  Leaf  stem bud  
 Organic fertilizer  Chemical fertilizer  Microbial  Oil cake  
Sample Description: \_\_\_\_\_  
Sample received by: \_\_\_\_\_  
Dealer Name( If issued ): \_\_\_\_\_

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Previous Crop: \_\_\_\_\_ Target Crop : \_\_\_\_\_

Analysis Requested: (check all that apply) Analysis Conducted By: \_\_\_\_\_

<b>Soil Analysis:</b> <input type="checkbox"/> pH <input type="checkbox"/> EC <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> Ca <input type="checkbox"/> Mg <input type="checkbox"/> S <input type="checkbox"/> Na <input type="checkbox"/> Zn <input type="checkbox"/> Fe <input type="checkbox"/> Mn <input type="checkbox"/> Cu <input type="checkbox"/> Bo <input type="checkbox"/> Mo <input type="checkbox"/> Si <input type="checkbox"/> O. C. <input type="checkbox"/> %C <input type="checkbox"/> Color <input type="checkbox"/> C/N Ratio <input type="checkbox"/> Bulk density	<b>Water Analysis:</b> <input type="checkbox"/> pH <input type="checkbox"/> EC <input type="checkbox"/> Basicity <input type="checkbox"/> Hardness <input type="checkbox"/> Carbonates <input type="checkbox"/> Bicarbonates <input type="checkbox"/> Cl <input type="checkbox"/> S <input type="checkbox"/> Ca <input type="checkbox"/> Mg <input type="checkbox"/> Na <input type="checkbox"/> K <input type="checkbox"/> %Na <input type="checkbox"/> S. A. R <input type="checkbox"/> R. A. C <input type="checkbox"/> Mg/Ca <input type="checkbox"/> Odour <input type="checkbox"/> Color	<b>Leaf Analysis:</b> <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> Mg <input type="checkbox"/> Ca <input type="checkbox"/> Zn <input type="checkbox"/> Fe <input type="checkbox"/> Mg <input type="checkbox"/> Cu <input type="checkbox"/> Pigmentation Study <input type="checkbox"/> Pathology	<b>Stem Bud Analysis:</b> <input type="checkbox"/> Morphology <input type="checkbox"/> Investigation
<b>Organic Fertilizer Analysis:</b> <input type="checkbox"/> pH <input type="checkbox"/> Moisture <input type="checkbox"/> Bulk Density <input type="checkbox"/> E. C. <input type="checkbox"/> O. C. <input type="checkbox"/> Total N <input type="checkbox"/> C/N ratio <input type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> Heavy metals <input type="checkbox"/> Pathology (Microbiology)	<b>Bio Fertilizer Analysis:</b> <input type="checkbox"/> A. I. P <input type="checkbox"/> pH <input type="checkbox"/> C. P. S <input type="checkbox"/> Gram staining and Smear <input type="checkbox"/> CFU count <input type="checkbox"/> Moisture <input type="checkbox"/> Efficiency	<b>Non-Edible D.O.C:</b> <input type="checkbox"/> pH <input type="checkbox"/> Moisture <input type="checkbox"/> E. C. <input type="checkbox"/> O. C. <input type="checkbox"/> Ash Content <input type="checkbox"/> Total N <input type="checkbox"/> C/N ratio <input type="checkbox"/> P <input type="checkbox"/> K	<b>Straight Chemical and Fertilizer Analysis:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

**Person performing analysis is:**

A certified operator (# \_\_\_\_\_)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  
 Analysis Report submitted to:(# \_\_\_\_\_)

Unless otherwise noted, all tests are performed in accordance with FCO standards, and the results relate only to the samples and report will not be used for legal purpose

Date Report Issued: \_\_\_\_\_

Lab Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**Name and Mailing Address of Person to Receive Report**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Card Serial No.: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Expected Date of report: \_\_\_\_\_

Amount: Rs \_\_\_\_\_ (Paid/ UnPaid)

**FOR CUSTOMER ONLY**

Lab Sample Requirements

- Satisfactory
- Incomplete Collection Information
- Repeat Samples Required
- Replacement Samples Required

Customer Signatur \_\_\_\_\_



Always ahead for better quality.



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