

Lab use only	
Soil Lab No.	Plant Tissue Lab No.



710 Commerce Drive
 Watertown, WI 53094-0169
 920.261.0446 Phone
www.rockriverlab.com

Hemp Plant Tissue Analysis Request Form

Grower Information

Grower Name: _____
 Street Address: _____

 City, State, Zip: _____
 County: _____

Account Information

Company Name: _____
 Acct # or Address: _____

 City, State, Zip: _____

Sample Information

Field ID: _____ Sampling Date: _____ Irrigated? Yes No
 Tissue Sample ID: _____ Soil Sample ID: _____ Plow Depth: _____

Payment Information

Check Enclosed – Please indicate check number:

Credit Care Type: Visa MasterCard American Express Discover

Name on Card:

Credit Card Number: - - - Expiration Date: CVV:

I authorize the above-named business to charge the credit card indicated in this authorization form. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment so long as the transaction corresponds to the terms indicated in this form.

Signature: _____