

HORT2026.1 - ANALYTICAL REQUEST FORM

Please complete the following information to process your samples. You must include a copy of this ARF along with your physical samples, which should be clearly labelled with the Client/Farm name and sample identifier.

Agent or Company Name	If applicable
Farm or Customer Name	
Contact Person	
Postal Address	
Email Address	
Contact Phone	
PO or Order #	
Company ABN	If applicable

TEST CODES: Please refer to the Hortus Analytical pricelist available at symbiolabs.com.au/hortus

#	SAMPLE DESCRIPTION Block name, water source etc.	Date Sampled	Test Code	PLANT & SOIL SAMPLES		WATER SAMPLES	
				Crop	Growth Stage	Intended Use	Source
1							
2							
3							
4							
5							
SAMPLE DROPOFF Name, Sign & Date				SAMPLE RECEIPT Date & AgPro Sample ARN			