

Signature of the customer____

SOIL SAMPLES ACCOMPANYING FORM

F2_SOP-LAB-011 **v**01

Application date 10/01/2022

→	Name and surname:			Customer code:		→	Technician code:	
ner								
customer	Address:					technician	Technician name:	
out by the	Telephone:		Email:			I out by the	Technician address:	
fill out k	Tax code:		VAT-Number:				Samples acceptance date:	
to fi	Organic fa					Number of samples:		
Samples-N°								T
(Samples collection date)		1 (/)	2 (/) 3 (//		_)	4 (//)	5 (//)	
Sample name								
Parcel- N°								
Size (in ha)								
Cultivation (variety)								
Grafting								
♦ to fill out by the laboratory								
Plate N°								