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## Soil Therapy™ Instructions

### SELECTING AN AREA TO SAMPLE

Samples must be collected within the one soil type and have similar paddock history. Avoid recently fertilised areas, manure and urine patches, old fence lines, old animal pens, old building sites, gullies and other areas that are not typical of the field being sampled.

### SOIL SAMPLING

Collect sub-samples from 15 – 20 sites, within 8 hectares or less, to a depth of 15 cm with a soil probe or auger. If these tools are not available, accurate samples can be taken with a spade, as follows: Ensure the sampling tool is **rust free, cleaned** and **gloves** are worn to remove anything that could contaminate the soil sample. Dig a hole to 15 cm deep, then take a slice of soil from top to bottom. Remove a uniform section about 3 – 4 cm wide from the top to the bottom of the slice. It is very important to sample uniformly down the soil profile. Too much surface soil compared to deeper soil will give inaccurate data and may lead to inappropriate fertiliser advice.

### SAMPLE PACKAGING

- Mix the sub-samples together thoroughly in a clean plastic bucket, then take a representative sample of approximately 450 grams.
- If the soil is wet, send 20% more to allow for water weight, or air dry the soil before packaging.
- Send the sample in a plastic bag with **Sample ID** (Paddock Name) and **Crop Details** (main crop to be fertilised, species and variety if applicable, e.g. Murcott mandarins) on an **external label** (tie or stick-on).
- Please also include **Name, Phone No, Return Address on each sample and completed EAL Client Registration Form** (form to be included with your initial sample only, or if your contact details have changed).
- Do not write directly on plastic, as writing can rub off in transit. Use a **permanent marker**.
- **Do not put the label in the bag** with the soil, as it may absorb moisture from the sample and become illegible.

### POST SAMPLES IN A BOX OR POST BAG TO:

Environmental Analysis Laboratory  
PO Box 157  
Lismore. NSW 2480  
Phone +61. 2. 6620. 3678  
Fax +61. 2. 6620. 3957

**IMPORTANT:** Please include a daytime contact number as an NTS Agronomist will call you prior to commencing your report/s to ensure we have the information required to provide a personalised recommendation.

**Allow 2 – 3 weeks turnaround for lab results and recommendations. To expedite the process, EAL should receive samples by Friday for laboratory results the following Thursday. Please note: Overnight Express Post is not guaranteed to Lismore.**

### PLEASE INCLUDE PAYMENT FOR ANALYSIS:

Cheque payable to “Environmental Analysis Laboratory” or include relevant credit card details.

### ANALYSIS FEES (per sample, including GST)

- |                                                                                                             |           |
|-------------------------------------------------------------------------------------------------------------|-----------|
| • Standard Soil Analysis (includes Soil Therapy™ Report)                                                    | \$143.00  |
| • add Total Digest Phosphorus, Molybdenum, Cobalt and Selenium<br>(Not required if RA-PACK-008 is selected) | + \$44.00 |
| • add P Monitoring                                                                                          | +\$ 52.80 |
| • add Total Acid Extractable Elements                                                                       | +\$ 77.00 |
| • Soil Therapy™ Report Only (i.e. recs. for <u>non EAL</u> soil test data)                                  | \$ 55.00  |

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### Soil Therapy™

ABN: 34 090 735 756  
Phone +61. 7. 5472. 9900  
Fax + 61. 7. 5472. 9999

The Soil Therapy™ service is exclusively distributed by Nutri-Tech Solutions P/L

### All Correspondence:

PO Box 338  
Eumundi. QLD 4562

### Physical Address:

7 Harvest Road  
Yandina. QLD 4561

[www.nutri-tech.com.au](http://www.nutri-tech.com.au)

EAL Quote No: Q3943

## Soil Therapy™

**PLEASE COMPLETE AND INCLUDE WITH SOIL SAMPLE**

**\* indicates compulsory field for completion of report**

Personal Details	
Name*	
Trading Name	
Phone Number ( ) Mobile Number*	Fax Number ( ) Email Address
Postal Address*	Production System* <input type="checkbox"/> Conventional/NTS Nutrition Farming® <input type="checkbox"/> Certified Organic <input type="checkbox"/> Biodynamic
<b>Test Required*</b>	<input type="checkbox"/> Standard Soil Analysis (includes Soil Therapy™ Report) (\$143.00) (NT-PACK-002)
<b>Optional Extras</b>	<input type="checkbox"/> Total Digest Phosphorus, Molybdenum, Cobalt and Selenium (add \$44) (RA-PACK-012) <i>(Not required if RA-PACK-008 is selected)</i> <input type="checkbox"/> Chloride (add \$13.20) (SS-SING-038) <input type="checkbox"/> Colwell Phosphorus (add \$19.40) (SS-SING-033) <input type="checkbox"/> Total Acid Extractable Elements (add \$61.60) (RA-PACK-008) <input type="checkbox"/> P Monitoring (add \$52.80) (RA-PACK-007)
<input type="checkbox"/> I would like the 20 page "Guidelines and Operating Principles" included with my report. <input type="checkbox"/> I <b>do not</b> require the "Guidelines and Operating Principles" as I have a copy from a previous report. <input type="checkbox"/> All Soil Therapy™ Reports are sent as an electronic copy to your nominated email address. If you would also like a hard copy please tick here.	

Crop and Paddock Details (Soil Therapy™ )	
Block Name*:	Intended Primary Crop*:
Is the paddock/block irrigated?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you fertigate? (i.e. mix fertilisers with irrigation water)*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you foliar spray?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the size of the area?*	ha      acres
Are there any crop symptoms?	

**IMPORTANT:** Please include a daytime contact number as an NTS Agronomist will call you prior to commencing your report/s to ensure we have the information required to provide a personalised recommendation.

**Yes! I would like to receive the weekly NTS Newsletter "Nutrition Matters", and notification of any special offers from NTS, via email.**

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[www.nutri-tech.com.au](http://www.nutri-tech.com.au)

**CHAIN OF CUSTODY**



PO Box 157 ( Military Road)  
 LISMORE NSW 2480  
 P| 02 6620 3678 F| 02 6620 3957  
[eal@scu.edu.au](mailto:eal@scu.edu.au), [www.scu.edu.au/eal](http://www.scu.edu.au/eal)

**Submitting Client Details**

Quote Id: EALQ3943  
 Job Ref: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_

**Billing Client Details**

ABN: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_

This section will be destroyed after being processed. Do NOT provide your CVV number, you will be contacted by phone or email when this is required.

Date

Signed

**Payment Method:**

- Purchase Order \_\_\_\_\_
- Cheque \_\_\_\_\_
- Invoice (prior approval required)
- Credit Card Mastercard / Visa No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_ CVV: by phone

Relinquished By:	_____	_____
Preservation: None / Ice / Ice bricks / Acidified / Filtered / Other:	_____	
Received By:	_____	_____
Condition on receipt: Ambient / Cool / Frozen / Other:	_____	

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Marketing Survey – where did you find us?**

- Word of mouth
- Magazine
- Google search
- Other

**Sample Analysis Request**

Price List Code (e.g. SW-PACK-06)

Lab Sample No.	Sample ID	Sample Depth	Sampling Date	Your Client	Crop ID	Sample Type (e.g. water, leaf, soil)	NT-PACK-002 (Soil Test + NT Report)	RA-PACK-012 (Total P, Co, Mo, Se)	RA-PACK-008 (TOTAL Nutrients)	RA-PACK-007 (P Monitoring)	SS-SING-038 (Av Chloride)	SS-SING-033 (Colwell P)	NP-PACK-001 (Leaf Analysis + NT Report)	SS-PREP-001 (Leaf Washing)

