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research and training services to:

- Agriculture ■ Environment
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**Sydney
Environmental
and Soil
Laboratory**

TESTING REQUEST SHEET

DATE: _____

Client Name: _____

Contact name: _____

Phone: _____ Email: _____

Project Name: _____

Project Location: _____

Client Job Number _____ Client Order Number: _____

SESL Quote Number: _____ Recommendations Required: YES / NO

PURPOSE OF THE REQUEST

Please describe the purpose of the testing for example, renovations, trouble shooting, disease ID, standard compliance, crops/plants grown, etc.

Testing Approved by: _____ TAT Required: _____

LSN (office use)	Sample Name	Sample Type (Soil/Mix/Water etc)	Test Required

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Authorised date: August 2009

Sydney Environmental & Soil Laboratory Pty Ltd ABN 70 106 810 708

PO Box 357

16 Chilvers Road

T: 02 9980 6554

E: info@sesl.com.au

Pennant Hills NSW 1715

Thornleigh NSW 2120 Australia

F: 02 9484 2427

W: www.sesl.com.au



