ARL SAP Analysis Request Form

9 John Morten Place, Rolleston, 7614 | P: 0800 100 668 | W: www.arllab.co.nz | E: arl.lab@arllab.co.nz

Please complete the customer and sample information highlighted in green, then select the testing required.
You can fill in the form online or print and complete it by hand, then email it back to us or send it along with your sample.

Contact Name:

Farm/Account Name:

Phone Number:

Email:

ARL/Ravensdown Customer Number:

New Customer ☐ *(A customer number will be assigned)*

Postal Address:

Results to be Emailed to: *(If different to contact email)*

Purchase Order Number: *(If required on your invoice)*

Sample Date

Sampling time of day

Sampler Name

SAP Sample Information

	1	2	3	4
Bag Barcode Number				
Sample Name (Your sample name or number)				
Block Name (Your block name or number)				
Crop Type				
Growth Stage *(BBCH Scale)*				
Variety				
Vigour rating *(1 low, 3 normal, 5 high)*				
Soil moisture *(1 low, 3 normal, 5 high)*				

SAP Analysis Tests

	1	2	3	4
Basic Sap Analysis pH, P, K, S, Mg, Ca, Na, Fe, Cu, Co, Zn, Mn, B, Cl, Mo, Al, Si, NO3-N, NH4-N	☐	☐	☐	☐

SAP Analysis Extra Tests

These tests can be added in addition to the basic SAP testing, but not as standalone testing.

Electrical Conductivity (EC)	☐	☐	☐	☐
Brix	☐	☐	☐	☐

ARL INTERNAL USE ONLY

ARL ID: PS*				
Log in Template			JOB	

ARL's Terms of Engagement & Price List can be viewed on our website. Submission of samples on this analysis request form implies acceptance of these terms.

Declaration: I certify details provided are correct and agree to ARL's Terms of Engagement

Signed

Date

Version 1. October 2026.