



South Carolina
DEPARTMENT OF AGRICULTURE
CONSUMER PROTECTION DIVISION
123 Ballard Court, West Columbia, SC 29172

Hugh E. Weathers, Commissioner

SUBMITTED SAMPLE FORM

Sender's Name _____ Copy to _____

Mailing Address _____ Mailing Address _____

City, State, ZIP _____ City, State, ZIP _____

Phone _____ Phone _____

Email Address _____ Email Address _____

Field Location (County) _____

Please label each sample to be able to identify them when you receive the laboratory report of analysis.

	TYPE OF SAMPLE	SAMPLE'S LABEL	ANALYSIS TO BE PERFORMED
1.			
2.			
3.			
4.			
5.			

Remarks

Please submit samples to: 123 Ballard Court, West Columbia, SC 29172