



# PLANT TISSUE SAMPLE REQUEST FORM

(Customer-Collected & Submitted Samples)

Date: \_\_\_\_\_

|                                |  |                       |  |
|--------------------------------|--|-----------------------|--|
| <b>Company Name:</b>           |  |                       |  |
| <b>Operator / Grower Name:</b> |  |                       |  |
| <b>Send Results To:</b>        |  |                       |  |
| <b>Address:</b>                |  |                       |  |
| <b>Primary Contact Number:</b> |  | <b>Email Address:</b> |  |

|     | Field ID | No. Samples | Field No.<br><small>(Office Use Only)</small> | Sample Numbers<br><small>(Office Use Only)</small> |
|-----|----------|-------------|---|--|
| 1.  |          |             |   |  |
| 2.  |          |             |   |  |
| 3.  |          |             |   |  |
| 4.  |          |             |   |  |
| 5.  |          |             |   |  |
| 6.  |          |             |   |  |
| 7.  |          |             |   |  |
| 8.  |          |             |   |  |
| 9.  |          |             |   |  |
| 10. |          |             |   |  |

|                       |                              |  |
|-----------------------|------------------------------|--|
| <b>Test Required:</b> | <input type="checkbox"/> PT1 | Mineral Package: Phosphorus, Potassium, Magnesium, Calcium, Sulfur, Iron, Manganese, Boron, Copper, Zinc |
|                       | <input type="checkbox"/> PT2 | Total Nitrogen & Mineral Package   |
|                       | <input type="checkbox"/> PT3 | Total Nitrogen   |
|                       | <input type="checkbox"/> PT4 | Individual Analysis per Element from Mineral Package: _____  |

|                           |   |
|---------------------------|---|
| <b>Crop / Plant Type:</b> | <input type="checkbox"/> Corn <input type="checkbox"/> Soybeans <input type="checkbox"/> Alfalfa <input type="checkbox"/> Wheat <input type="checkbox"/> Other: _____ |
|---------------------------|---|

|                              |   |
|------------------------------|---|
| <b>Plant Part Submitted:</b> | <input type="checkbox"/> Leaves <input type="checkbox"/> Full Plant <input type="checkbox"/> Top 8" <input type="checkbox"/> Other: _____ |
|------------------------------|---|

|                      |  |
|----------------------|--|
| <b>Growth Stage:</b> |  |
|----------------------|--|

|                              |  |
|------------------------------|--|
| <b>Special Instructions:</b> |  |
|------------------------------|--|