



PLANT TISSUE SAMPLE REQUEST FORM

Date: _____

(Customer-Collected & Submitted Samples)

Company Name:		Grower Name:	
Address:		City:	
		State:	
		Zip Code:	
Primary Contact Number:		Email Address:	

Field ID	No. Samples	Crop(s)	Growth Stage(s)	Plant Part Submitted	Test Package Needed	Field No <small>(Office Use)</small>	Sample No. <small>(Office Use)</small>
1.					<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT3 <input type="checkbox"/> PT3C		
2.					<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT3 <input type="checkbox"/> PT3C		
3.					<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT3 <input type="checkbox"/> PT3C		
4.					<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT3 <input type="checkbox"/> PT3C		
5.					<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT3 <input type="checkbox"/> PT3C		
6.					<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT3 <input type="checkbox"/> PT3C		
7.					<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT3 <input type="checkbox"/> PT3C		
8.					<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT3 <input type="checkbox"/> PT3C		
9.					<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT3 <input type="checkbox"/> PT3C		
10.					<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT3 <input type="checkbox"/> PT3C		
11.					<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT3 <input type="checkbox"/> PT3C		
12.					<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT3 <input type="checkbox"/> PT3C		
13.					<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT3 <input type="checkbox"/> PT3C		
14.					<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT3 <input type="checkbox"/> PT3C		
15.					<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT3 <input type="checkbox"/> PT3C		

Test Selection Guide:	PT1	Mineral Package: Phosphorus, Potassium, Magnesium, Calcium, Sulfur, Iron, Manganese, Boron, Copper, Zinc
	PT2	Total Nitrogen & Mineral Package
	PT3	Total Nitrogen
	PT3C	Total Carbon C Only

Special Instructions:	
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