



### PLANT SUBMISSION FORM

Please Note – Retain a copy of this form for your files. Submit one copy per sample.

Grower			Appearance of Plant		
Name:			<input type="radio"/> Normal	<input type="radio"/> Abnormal (describe)	
Address:					
City:	State:	Zip:	Plant Diseases?	<input type="radio"/> Yes	<input type="radio"/> No
County:			Insect Problem?	<input type="radio"/> Yes	<input type="radio"/> No
County Agent:			Was a soil sample taken from this same area for:		
Email:			1. Soil Test	<input type="radio"/> Yes	<input type="radio"/> No
Phone:			2. Nematode Assay	<input type="radio"/> Yes	<input type="radio"/> No
<b>IMPORTANT</b> <i>Samples should be placed in a 10"x13" paper envelope or a PAPER BAG, which is labeled with your name, address, the crop, and sample description.</i>			List any foliar fertilizers or fungicides sprayed on this crop:		
			Additional comments about samples:		

Type of Sample					Irrigation	
Crop:	Code:	Variety or Hybrid:			<input type="radio"/> Yes	
Sample ID:	Date Planted:	Date Sampled:			<input type="radio"/> No	
Stage of Growth:	<input type="radio"/> Seedling	<input type="radio"/> Early Growth	<input type="radio"/> Bloom	<input type="radio"/> Fruiting	<input type="radio"/> Mature	
Wheat: (Enter Growth Stage No.)			Plant Height (Inches):			

(Note: **Do not** send root portion. Leaves covered with dust or recently sprayed should be rinsed and air-dried before mailing.)

Plant Part Sampled: (Check One)		Position of Plant Leaf: (Check One)	
<input type="radio"/> Whole Plant	<input type="radio"/> Leaves	<b>Corn</b>	<b>Other Crops</b>
<input type="radio"/> Stems	<input type="radio"/> Top 6"	<input type="radio"/> Ear Leaf	<input type="radio"/> Upper
<input type="radio"/> Petioles	Other:	<input type="radio"/> Leaf Below Whorl	<input type="radio"/> Middle
			<input type="radio"/> Lower

P13: Check here if requesting single Petiole Analysis (Nitrate, Phosphorus, Potassium).

Lab Use Only	
LAB #:	Date Received:
Date Returned:	Fee Received: