

Plant Tissue Submission Form

Date Sampled _____ Name _____

Address _____

City _____ State _____ ZIP _____

Account # _____

Email _____ Phone # _____

(If email address is provided, report will be sent in a PDF format to you.)

OFFICE USE ONLY County Code _____
 Laboratory Sample # _____ Date Received _____

FIELD ID	CROP	HYDROPONIC OR AQUAPONIC SAMPLES	STAGE OF GROWTH	PLANT PART SAMPLED (Codes Below)	POSITION OF PART SAMPLED (Codes Below)	SAMPLE #	PLANT APPEARANCE (Codes Below)

Codes

PLANT PART: **W**-Whole Plant, **T**-Top 6 inches, **L**-Leaves, **S**-Stems, **G**-Grain, **P**-Petiole;
POSITION OF PART SAMPLED: [CORN] **E**-Ear Leaf, **L**-Leaf Below Whorl; [OTHER CROPS] **T**-Top, **M**-Middle, **B**-Bottom
APPEARANCE: **N**-Normal, **A**-Abnormal