PETIOLE TISSUE SUBMITTAL FORM

AgSource Laboratories
A Subsidiary of Cooperative Resources International

AgSource Laboratories
106 N. Cecil St.
Bonduel, WI 54107
715-753-2178 Fax 715-758-2620
bonduel@agsource.com
www.agsource.com

Account Number _____
Date Received: _____
County Code: _____

Your check payable to AgSource Laboratories, must be enclosed unless amount due is to be billed to an established account.

Payment Enclosed Ck#: _____

Account Number _____

Submitted by:

Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____
Email: _____
Report *(Check choices):* Email Web Fax Mail

Grower Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____
Email: _____

Lab # (office use)	Sample ID #	Field ID	Farm	Days of Emergence	Plant & Plant Part Sampled	Variety	Date Sampled

**Additional Comments/ Special Instructions:

Reset Form