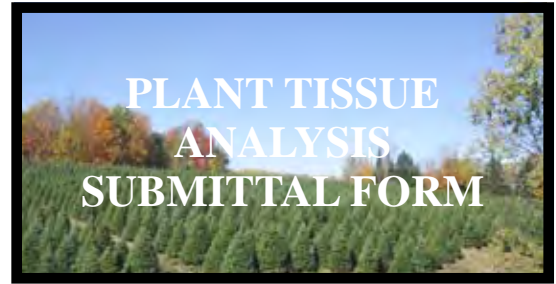




AgSource Laboratories

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OFFICE USE ONLY

Lab Sample #: _____

Date Received: _____



DATE SAMPLED

OF SAMPLES

Grower _____

Account # _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Fax Number _____

E-mail _____

FIELD or BLOCK Identification	STAGE OF GROWTH (Average Age of Stand)	SPECIES (If Mixed, Specify Predominant Species)	PLANT APPEARANCE (NORMAL vs. ABNORMAL)

PLANT TISSUE ANALYSIS INCLUDES: Total N, P, K, Ca, Mg, S, Zn, Mn, B, Al, Na