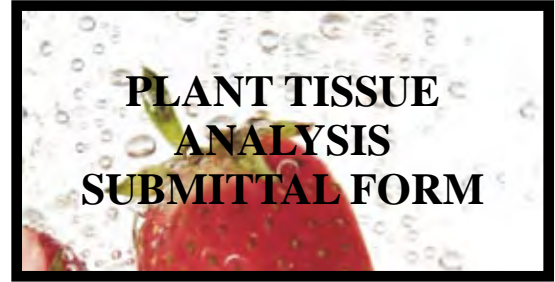




AgSource Laboratories

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OFFICE USE ONLY

Lab Sample #s: _____
 Date Received: _____

Grower _____
 Account # _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number _____
 Fax Number _____
 E-mail _____



DATE SAMPLED

OF SAMPLES

FIELD or BLOCK Identification	SAMPLE NUMBER	VARIETY	PLANT APPEARANCE (NORMAL vs. ABNORMAL)

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