



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.)

INFIELD COVER CROP BIOMASS DATA:

Area: 2' x 2' or 3' x 3'

Wet Weight: _____ lbs.

OFFICE USE ONLY

County Code _____

Laboratory Sample # _____

Date Received _____

| FIELD ID | SAMPLE # | CROP | HYDRO-/ AQUAPONIC SAMPLE | | COVERCROP BIOMASS SAMPLE | | STAGE OF GROWTH | PLANT PART (Codes Below) | POSITION (Codes Below) | APPEARANCE (Codes Below) |
|----------|----------|------|--------------------------------|----|--------------------------------|----|--------------------|-----------------------------------|------------------------------|-----------------------------|
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |
| | | | Yes | No | Yes | No | | | | |

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