# Plant Tissue Analysis Information Sheet (Non-Fruits)

**GROWER**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>City, State, Zip</td>
</tr>
</tbody>
</table>

2. Sample Location: ______________ County ______________ State __________

3. Crop ______________

4. Variety/ Hybrid __________________

5. Plant Part Sampled: ___ Leaves ___ Petioles ___ Top 6” ___ Stems ___ Whole Plant

6. Position on plant (other than corn): ___ Top ___ Middle ___ Bottom ___ All

Corn: ___ Ear leaf ___ 3rd leaf ___ leaf below whorl

7. State of growth: _____

8. Date Planted __________

9. Date Sampled _______

10. Crop Acreage: ______

11. Appearance ___ Normal ___ Abnormal

12. If Abnormal describe: __________________________________________

% of total acreage affected_______

13. Previous Crop_______

14. Crop Rotation __________

15. Current Soil test Results: pH ___ lbs P/A ___ lbs K/A ___ lbs Cu/A ___ lbs Ca/A ___ lbs Mg/A ___ lbs Zn/A ___

16. Quantity Fertilizer applied:
   a) NPK ________
   b) Micronutrients, __________

Broadcast: Amount ___ lbs/A Kind ___ Amount ___ lbs/A Kind ______

Row” _____” Kind ___ Amount ___ lbs/A Kind ______

Sidexdress _____” Kind ___ Amount ___ lbs/A Kind ______

17. Limestone applied this crop year? ___ yes ___ no if yes _____ tons/A

18. Drainage ___ Poor ___ Good ___ Excessive 19. Is this area tiled? __________

20. Spray or Dust Applied to Crop?
   a) Liquid Foliar Fertilizer Y or N if Yes Date Applied ______
   b) Weed Chemicals Y or N if Yes Date Applied ______
   c) Other Pesticides Y or N if Yes Date Applied ______

21. Rainfall in last 30 days ”” Below normal ___ Normal ___ Above Normal ___

22. Air Temperature last 10 days ____ Below Normal ___ Normal ___ Above Normal ___

<table>
<thead>
<tr>
<th>Analysis Desired</th>
<th>Complete Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______</td>
<td>Complete W/out Nitrogen</td>
</tr>
<tr>
<td>_______</td>
<td>Nitrogen Alone</td>
</tr>
</tbody>
</table>

---

**OFFICE USE ONLY**

Lab ID ________

Paid ________

Charge ________

Receipt # ________

Date ________

Sample ID ________