

OFFICE USE ONLY
 Lab ID _____
 Paid _____
 Charge _____
 Receipt # _____

Date _____
 Sample ID _____

**Michigan State University Soil & Plant Nutrient Laboratory
 Plant Tissue Analysis Information Sheet (Non -Fruits)**

Grower

Send Results To:

Name

Name

Address

Address

City, State, Zip

City, State, Zip

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 _____
 Sidedress _____ " 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

Analysis Desired _____ **Complete Analysis**
 _____ **Complete W/out Nitrogen**
 _____ **Nitrogen Alone**