soiltest
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PLANT TISSUE TEST REQUEST FORM

NAME_____	Date Rec._____
ADDRESS_____	Report No._____
CITY_____	Grower_____
STATE & ZIP Phone	Sample Date Sampled By

UNUSUAL CONDITIONS OR SPECIAL INSTRUCTIONS:

CHECK TEST GROUP REQUESTED

TEST GROUPS

- ☐ **TEST 1:** Nitrate-N, P, K, S, B, Ca, Mg, Zn, Mn, Cu, Fe, Na
- ☐ **TEST 2:** Nitrate-N, P, K, S, B, Ca, Mg, Zn
- ☐ **TEST 3:** Nitrate-N, P, K, S, B, Ca, Zn, Mn
- ☐ **TEST 4:** Nitrate-N, P, K, S, B, Zn
- ☐ **TEST 5:** Nitrate-N, P, K, S,
- ☐ **TEST 6:** Nitrate- N, S
- ☐ **TEST 7:** P, K, S, B, Ca, Mg, Zn, Mn, Cu, Fe, Na

SINGLE TESTS

- ☐ Nitrate-N
- ☐ Total-N
- ☐ Substitute Total-N for Nitrate-N

INDICATE INDIVIDUAL TESTS BELOW IF NO TEST GROUP IS CHOSEN

	SAMPLE I.D.	Crop	NITROGEN TOTAL	NITROGEN NITRATE	Test #	P	K	S	B	Ca	Mg	Zn	Mn	Cu	Fe	Na

We will make every effort to provide an accurate analysis of this sample. For reasonable cause, we will repeat the tests, but because of factors beyond our control in sampling procedures, and the inherent variability of soils and plants, our liability is limited to the price of the tests.