# *soiltest farm consultants, inc.*

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**PLANT TISSUE TEST REQUEST FORM**

| | |
|---|---|
| NAME_____ | Date Rec._____ |
| ADDRESS_____ | Report No._____ |
| CITY_____ | Grower_____ |
| STATE & ZIP | 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 |
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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.