



# PLANT SAMPLE SUBMITTAL FORM

Account #

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Grower/Project Information				Customer Information				
				Submitted by		Charge to		
Field ID		Farm ID		Copy to: <u>grower</u> <u>submitter</u>		E-mail address		
<u>Master Card</u> <u>Visa</u>		Card #		Exp. Date:		/	Phone #	
<b>DO NOT SUBMIT PLANT SAMPLES IN PLASTIC BAGS!</b>							Complete This Section If Recommendation is Desired	
Sample ID	Lab Number ( Lab Use Only)	Crop	Age of Plants (week after	Soil Sample Accompanied	Plant Part Sampled	Analysis Requested	Fertilizer Applied	Plant Appearance
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> whole plant <input type="checkbox"/> leaves <input type="checkbox"/> top 6" <input type="checkbox"/> petiole	<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 Others-- _____	N _____ P <sub>2</sub> O <sub>5</sub> _____ K <sub>2</sub> O _____ Other _____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Describe _____
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> whole plant <input type="checkbox"/> leaves <input type="checkbox"/> top 6" <input type="checkbox"/> petiole	<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 Others-- _____	N _____ P <sub>2</sub> O <sub>5</sub> _____ K <sub>2</sub> O _____ Other _____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Describe _____
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> whole plant <input type="checkbox"/> leaves <input type="checkbox"/> top 6" <input type="checkbox"/> petiole	<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 Others-- _____	N _____ P <sub>2</sub> O <sub>5</sub> _____ K <sub>2</sub> O _____ Other _____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Describe _____
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> whole plant <input type="checkbox"/> leaves <input type="checkbox"/> top 6" <input type="checkbox"/> petiole	<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 Others-- _____	N _____ P <sub>2</sub> O <sub>5</sub> _____ K <sub>2</sub> O _____ Other _____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Describe _____
Test Package						Special Instructions or Remarks		
PT1 - -Sulfur, Phosphorus, Potassium, Calcium, Magnesium, Sodium, Iron, Manganese, Zinc, Copper, Boron, Aluminum.								
PT2 -- Test PT1 plus Total Nitrogen.								
Other Tests Available -- Nitrate-N, Molybdenum, Chloride, Heavy Metals- Lead, Cadmium, Chromium, Nickel etc. (please specified).								