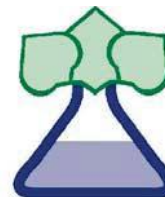


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Leaf Sample Submittal Form

Account Number, Name & Address Name Address: City, State Zip: Phone:				Bill To			
				Extra Copies To			
				e-Mail (PDF) Copies To			
				e-Mail Address			
				FAX To			
				FAX No.			
Growers Name	Field Identification	Sample Identification	Lab Test Code	Crop	Plant Part		Stage of Maturity
					Whole	Leaf	
LAB TEST CODE			Request Leaf Sample Supplies			LAB USE ONLY	
1. Basic Test: N, P, K, S, Zn			Quantity	Item		_____ ARS _____ MRL _____ None	
2. Complete Test: N, P, K, Ca, Mg, S, Zn, Fe, Mn, Cu, B			_____	Leaf Sample Submittal Forms			
3. N			_____	Leaf Sample Bags			
Na			_____	Large Shipping Boxes			
Cl			_____	Medium Shipping Boxes			
Al			_____	Small Shipping Boxes			
Mo			_____	ARS / UPS Labels			
Individual (see back)			_____	MRL / USPS Labels			
			_____	Pre-addressed Labels			

PLEASE SUBMIT WHITE COPY WITH SAMPLES AND RETAIN PINK COPY FOR YOUR FILES