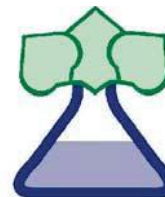


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Petiole Sample Submittal Form

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.			
Grower Name	Field Identification	Sample Identification	Lab Test Code	Date Planted	Date Sampled	Crop	Stage of Maturity
LAB TEST CODE			Request Petiole Sample Supplies			LAB USE ONLY	
1. Basic Test: NO3-N, PO4-P, K, S, Zn			Quantity	Item	_____ ARS _____ MRL _____ None		
2. Complete Test: NO3-N, PO4-P, K, Ca, Mg, S, Zn, Fe, Mn, Cu, B			_____	Petiole Sample Submittal Forms			
3. NO3-N			_____	Petiole Sample Bags			
4. NO3-N, PO4-P			_____	Large Shipping Boxes			
5. NO3-N, PO4-P, K			_____	Medium Shipping Boxes			
Na			_____	Small Shipping Boxes			
Cl			_____	ARS / UPS Labels			
Al			_____	MRL / USPS Labels			
Mo			_____	Pre-addressed Labels			
Individual (see back)			_____				

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