Leaf Submittal

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Brookside LABS | AMERICAN AGRICULTURAL LABORATORY McCOOK, NEBRASKA

700 West D Street McCook, NE 69001

OFFICE USE ONLY

Form #: _____ Due Date: _____

Samples Rec'd: _____

Red'c By: _____

Wet Shelf #: _____

Date Submitted: _____ Address: _____

Account #:_____ Phone #: _____

Name: _____ Email Invoice:_____

Company: _____ Email Report: _____

Grower Name	Field Identification	Sample ID	Crop	Plant Part		Stage of Maturity	TEST PACKAGE (see reverse side)				List Additional Test
				Whole	Leaf		#1	#2	#3	Add	
							☐	☐	☐	☐	
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TEST PACKAGES:

1 Basic Test: N, P, K, S, Zn

2 Complete Test: N P, K, Ca, Mg, S, Zn, Fe, Mn, Cu, B

3 N

Individual Tests:

Na

Cl

Al

Mo