

PLANT SAMPLE INFORMATION

FOR OFFICE USE ONLY
 REPORT # _____
 DATE REC'D _____
 INITIAL _____



SAMPLE TYPE

[circle designation(s) / instructions on back]

Predictive	Diagnostic
Research	Out of State

NCDA&CS Agronomic Division Plant/Waste/Solution/Media Section
 Mailing Address: 1040 Mail Service Center, Raleigh NC 27699-1040
 Physical Address (UPS/FedEx): 4300 Reedy Creek Road, Raleigh NC 27607
 Phone: (919) 733-2655 Web Address: www.ncagr.gov/agronomi

SAMPLE INFORMATION	PAYMENT	GROWER INFORMATION <i>(please print)</i>	CONSULTANT/OTHER RECIPIENT
FARM ID _____	FEE TOTAL _____ AMT PAID _____	LAST NAME _____ FIRST NAME _____	LAST NAME _____ FIRST NAME _____
SAMPLED BY <input type="checkbox"/> Grower <input type="checkbox"/> NCDA&CS Agronomist <input type="checkbox"/> Advisor <input type="checkbox"/> Coop. Ext. Agent	METHOD OF PAYMENT () CASH () CHECK <i>(payable to NCDA&CS)</i> () MONEY ORDER () ESCROW <i>(provide account name below)</i>	ADDRESS _____ _____ _____ CITY _____ STATE _____ ZIP _____	ADDRESS _____ _____ _____ CITY _____ STATE _____ ZIP _____
SAMPLE DATE _____		PHONE (____) _____ - _____	PHONE (____) _____ - _____
COUNTY <i>(where collected)</i> _____		E-MAIL ADDRESS _____ <input type="checkbox"/> Do Not notify me when report is available.	E-MAIL ADDRESS _____ <input type="checkbox"/> Do Not notify me when report is available.
NUMBER OF SAMPLES _____			

*** Instructions for completing this form are on back ***

LAB NUMBER <small>(leave blank)</small>	SAMPLE ID	CROP NAME	GROWTH STAGE	WEEK	PLANT PART	PLANT POSITION	CORRESPONDING SAMPLE(s) (if any) list type (soil, solution, etc.) & sample ID	PLANT APPEARANCE	SPECIAL TESTS (\$2 EACH)		
									Mo	Cl	NO ₃
1											
2											
3											
4											
5											

GROWING CONDITIONS	PROBLEM SAMPLE COMMENTS	FERTILIZER HISTORY																									
Planting date: _____ How long have symptoms been present? _____ Are plants infected with disease? Yes No Are plants infested with insects? Yes No Environmental conditions in last three weeks: Rainfall Below normal Normal Above normal Temperature Below normal Normal Above normal	_____ _____ _____ _____ _____ _____ _____ _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;">Date</th> <th style="width: 10%;">Material</th> <th style="width: 10%;">Rate</th> <th style="width: 10%;">Comments</th> </tr> </thead> <tbody> <tr> <td>Preplant:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Postplant:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Micronutrient:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Date	Material	Rate	Comments	Preplant:	_____	_____	_____	_____	Postplant:	_____	_____	_____	_____	Micronutrient:	_____	_____	_____	_____	Other:	_____	_____	_____	_____
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Postplant:	_____	_____	_____	_____																							
Micronutrient:	_____	_____	_____	_____																							
Other:	_____	_____	_____	_____																							
IRRIGATION (AMOUNT): _____ TYPE: _____	FUNGICIDES USED: _____ DATE: _____																										

Thank you for using agronomic services to manage nutrients and safeguard environmental quality. — Steve Troxler, Commissioner of Agriculture

INSTRUCTIONS FOR COMPLETING THE PLANT SAMPLE INFORMATION FORM

SAMPLES WILL NOT BE ANALYZED UNLESS ALL INFORMATION REQUESTED IN THE SHADED AREAS ON THE FRONT OF THIS FORM IS PROVIDED.

SAMPLE TYPE

Predictive analysis checks nutrient content and provides interpretation and general recommendations.

Diagnostic analysis identifies nutritional problems and provides interpretation and specific recommendations.

Research is for samples submitted in connection with an approved research contract agreement.

Out of state is for samples submitted by non-North Carolina residents.

SAMPLE INFORMATION — Provide **FARM ID** (if applicable); details about sample collection (collector, date, number of samples and county where collected); and **PAYMENT** details: **Cost per sample = Base fee** [\$5 for N.C. residents; \$25 for out-of state samples; \$12 for research samples] + **\$2 for each mandatory special test** [a petiole nitrate test is required for cotton and plasticulture strawberry; a molybdenum test is required for alfalfa, broccoli, all kinds of cabbage, cauliflower, collards, kale, poinsettia, spinach and turnip greens] + **\$2 for each optional test requested** [petiole nitrate, molybdenum and/or chloride). Be sure to indicate payment **TYPE**: cash, check, money order or escrow.

GROWER INFORMATION — Provide phone number with area code, mailing address and e-mail address (as an additional way for the lab to contact you, if necessary).

CONSULTANT/OTHER RECIPIENT — Provide indicated contact information for any partner/advisor who may need access to your test results.

SAMPLE ID — Provide sample identification (no more than six digits or letters). Put the same ID on the sample envelope.

CROP NAME — Enter the name of the crop sampled. You can use the common and/or botanical name.

GROWTH STAGE — Identify plant growth stage by one of these letter codes: **S = Seedling**, **E = Early growth**, **B = Bloom**, **F = Fruiting**, **M = Mature**.

WEEK — (*necessary for cotton and strawberry only*) Indicate the estimated number of weeks that the crop has been in the current growth stage.

PLANT PART — Identify the part of the plant that was sampled by one of these letter codes: **W = Whole plant** (from 1" above the soil line), **T = Top three inches**, **E = Ear leaf**, **M = Most recent mature leaf** (including petioles for appropriate crops), **H = Harvested leaf**, **P = Petiole only** (applies only to vinifera grapes at this time). For most plants, the most recent mature leaf (**M**) is the proper plant part to sample.

PLANT POSITION — Identify the position on the plant where the sample was taken by one of these letter codes: **U = Upper**, **M = Middle**, **L = Lower**. For most plants, the upper (**U**) position is the proper place to sample.

CORRESPONDING SAMPLE(S) — List sample type (soil, solution, media, etc.) and ID for one or two corresponding samples. Corresponding samples from the same general area or plant may be submitted in conjunction with plant tissue samples to provide additional information useful for problem diagnosis.

PLANT APPEARANCE — Describe the symptoms of the plant at sampling. **If this space is left blank, we assume growth is normal.**

SPECIAL TESTS — Indicate additional mandatory or desired tests. Read the information above under **SAMPLE INFORMATION** for details.

GROWING CONDITIONS — Provide all requested information.

IRRIGATION (AMOUNT) — Provide this information, if applicable.

FUNGICIDES USED — Provide this information, if applicable.

PROBLEM SAMPLE COMMENTS — Provide additional information needed to help diagnose specific problems.

FERTILIZER HISTORY — Provide all requested information.

Please do not place samples in plastic bags.

Leave ample air space in paper containers to promote drying and avoid sample deterioration.