

# PLANT TISSUE ANALYSIS

OFFICE USE ONLY

Date Rec'd \_\_\_\_\_

Initial \_\_\_\_\_



\* In State \$10      Out of State \$25

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Predictive      Diagnostic

**NCDACS Agronomic Division [Plant Tissue Analysis Lab](#)**  
 Mailing Address (USPS): 1040 Mail Service Center, Raleigh NC 27699-1040  
 Physical Address (UPS/FedEx/DHS): 4300 Reedy Creek Rd, Raleigh NC 27607  
 Phone: (919) 664-1600

**\* REQUIRED FIELDS**

**CLIENT**

**ADVISOR**

Farm ID	Amt Due \$ _____	* Last Name	* First Name	* Last Name	* First Name
Sampling Date	Amt Paid \$ _____	Mailing Address		Mailing Address	
* County <i>(Where collected)</i>	Payment Method: Check Online	City	State	Zip	City      State      Zip
Number of Samples	Escrow Account: <i>(provide Account Name or #)</i>	Email		Email	
	* Party Responsible for Payment: _____	Phone	* <a href="#">PALS</a> Account #	Phone	* <a href="#">PALS</a> Account #

Lab Number <i>(lab use only)</i>	* Sample ID	* Crop Name	* Growth Stage <i>S, E, B, F, M</i>	Week	* Plant Part <i>M, W, T, E, H, P</i>	Plant Appearance	Corresponding Sample IDs			Extra Tests (\$5 each)		
							Soil Solution	Media	Waste Nematode	Mo	Cl	NO <sub>3</sub>

**GROWING CONDITIONS**

Planting date: \_\_\_\_\_ Date of last soil test: \_\_\_\_\_

<b>Rainfall</b>	Below Normal	Normal	Above Normal	Drip Irrigation
<b>Temperature</b>	Below Normal	Normal	Above Normal	
<b>Production System</b>	Greenhouse	Field	High Tunnel	Outdoor Container
<b>Nutrient Supply</b>	Granular Fertilizer	Liquid Fertilizer	CRF	Organic
<b>Growth Substrate</b>	Soil	Potting Media	Hydroponic Solution	Other

**GROWER COMMENTS**

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[Sample Collection](#)
[Tests And Fees](#)
[Plant Lab Homepage](#)