

PLANT SAMPLE INFORMATION

SAMPLE TYPE (Circle ONE)

- Predictive (\$5) Diagnostic (\$5)
 Research (\$12) Out of State (\$25)

NCDA&CS Agronomic Division Plant/Waste/Solution/Media Section

Mailing Address: 1040 Mail Service Center, Raleigh NC 27699-1040
 Physical Address (UPS/FedEx/DHS): 4300 Reedy Creek Rd, Raleigh NC 27607
 Phone: (919) 733-2655 For lab results go to: www.ncagr.gov/agronomi

OFFICE USE ONLY

REPORT # _____

DATE REC'D _____

INITIAL _____



SAMPLE INFORMATION PAYMENT GROWER INFORMATION (please write legibly) CONSULTANT / EXTENSION AGENT / OTHER

FARM ID	FEE TOTAL \$ _____ AMT PAID \$ _____	LAST NAME	FIRST NAME	LAST NAME	FIRST NAME	
SAMPLING DATE	METHOD OF PAYMENT: <input type="checkbox"/> CASH /CHECK <input type="checkbox"/> INVOICE <input type="radio"/> Grower <input type="radio"/> Advisor/Consultant <input type="radio"/> _____ <input type="checkbox"/> ESCROW ACCOUNT: (provide Account Name or Number) _____ *Reports will appear as "Pay Now" until Payment is applied*	ADDRESS		ADDRESS		
SAMPLED BY <input type="checkbox"/> Grower <input type="checkbox"/> Reg. Agronomist <input type="checkbox"/> Advisor <input type="checkbox"/> Ext. Agent		CITY	STATE	ZIP	CITY	STATE ZIP
COUNTY (WHERE COLLECTED)		EMAIL ADDRESS		EMAIL ADDRESS		
NUMBER OF SAMPLES		PHONE (_____) _____	PALS # (If known)		PHONE (_____) _____	PALS # (If known)

LAB NUMBER <i>(LEAVE BLANK)</i>	SAMPLE ID	CROP NAME	GROWTH STAGE	WEEK	PLANT PART <i>(M, W, T, E, H, P)</i>	PLANT POSITION <i>(Harvest tobacco only)</i>	PLANT APPEARANCE	CORRESPONDING SAMPLE ID <input type="checkbox"/> Soil <input type="checkbox"/> Waste <input type="checkbox"/> Media <input type="checkbox"/> Nematode <input type="checkbox"/> Solution	SPECIALTESTS (\$2 EACH) Mo Cl NO ₃		

GROWING CONDITIONS (CHECK ALL THAT APPLY)

Planting date: _____ Date of last soil test: _____

Rainfall Below normal Normal Above normal Drip Irrigation

Temperature Below normal Normal Above normal

Production System Greenhouse Field High Tunnel Outdoor Container

Nutrient supply Granular fertilizer Liquid fertilizer CRF Organic

Growth substrate Soil Potting Media Hydroponic solution Other _____

SAMPLE COMMENTS

Please provide information to aid in recommendations or diagnosis, such as fertilizer history, disease or insect presence, symptomology, etc.

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

TIPS:

- Send leaf tissue samples in PAPER bags. Do NOT use plastic bags.
- Be sure to send enough leaf material. A general rule of thumb is two handfuls of leaves.
- Do not send whole plants with roots. Submit leaves from multiple plants from a representative area.

SAMPLE TYPE

Predictive (routine) analysis checks nutrient content and provides interpretation and general recommendations.

Diagnostic (troubleshooting) analysis identifies nutritional problems and provides interpretation and specific recommendations. Diagnostic analysis is most effective if the grower submits both a “good” (healthy) and a “bad” (unhealthy) sample.

Research is for samples submitted by private and university research facilities. An approved research agreement is required prior to submission.

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

SAMPLE INFORMATION: FARM ID is an optional identifier associated with each sample. Please also specify the sampling date, who collected the sample, and the county where it was collected.

SAMPLE ID: Provide sample identification (no more than six letters). Put the same ID on the sample envelope or paper bag.

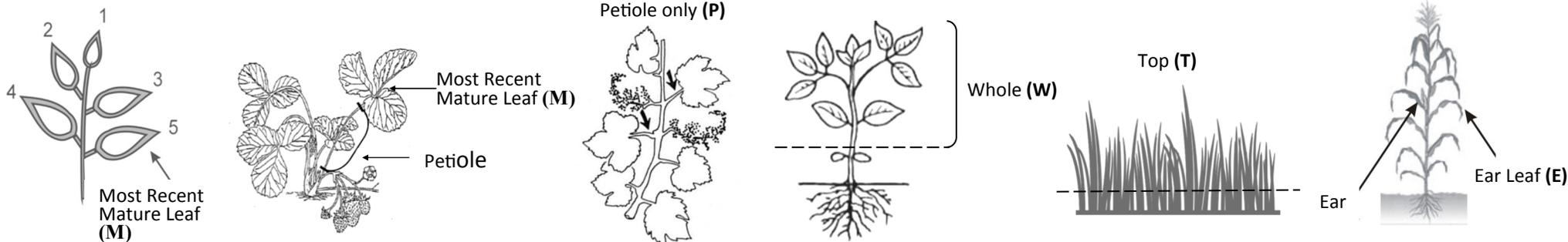
PAYMENT INFORMATION: Cost per sample is \$5 for N.C. residents, \$25 for out of state samples, and \$12 for in-state research samples. **Reports are not released until fees are paid.**

Special tests—petiole nitrate nitrogen, molybdenum (Mo) and chloride (Cl)—are an additional \$2. A petiole nitrate nitrogen test is required for cotton and strawberry samples and a molybdenum test is required for *Brassicac*s (cabbage, kale, rapeseed, broccoli, Brussels sprouts, cauliflower, collards, turnips), spinach, alfalfa, and poinsettia. Payments can be made by cash, check, escrow or over the phone with a Visa or Mastercard. Beginning Jan. 2016, payments can be made online on the PALS site.

GROWTH STAGE: Identify plant growth stage using one of these letter codes: **S = SEEDLING**, **E = EARLY GROWTH**, **B = BLOOM**, **F = FRUITING**, **M = MATURE**

WEEK: For strawberry samples, list the number of weeks since the 1st week of bloom. For cotton samples, list the number of weeks the crop has been in early, bloom, or fruit stage. Providing the accurate week is essential for correct nitrogen recommendations. Separate petioles from leaves and submit both parts for strawberry and cotton samples.

PLANT PART: For the majority of crops, the **most recent mature leaf (M)** is the proper plant part to sample. For seedlings, sample the **whole plant (W)** cut 1” above the soil line. For grasses and grains prior to head formation, sample the **top three inches (T)**. For corn at tasseling, sample the **ear leaf (E)**. **H = Harvest leaf** (tobacco only). **P = Petiole only** (applies only to vinifera grapes).



PLANT POSITION: This field is only necessary for **harvest stage tobacco** leaves. For these leaf samples, specify whether the leaves were collected from the **(U) = Upper**, **(M) = Middle** or **(L) = Lower** position of the plant.