

*** REQUIRED**

PLANT SAMPLE SUBMISSION

OFFICE USE ONLY	
REPORT #	
DATE REC'D	
INITIAL	



NCDACS Agronomic Division Plant Tissue Section
 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 <https://www.ncagr.gov/divisions/agronomic-services>

*
 In State (\$5) **OR** Out of State (\$25)

 Predictive **OR** Diagnostic

PAYMENT

*** CLIENT**

ADVISOR

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"/> PAY ONLINE (CC) <input type="checkbox"/> ESCROW ACCOUNT: (provide Account Name or #) _____ * Party Responsible for Payment : _____	MAILING ADDRESS		MAILING ADDRESS			
* COUNTY <i>(WHERE COLLECTED)</i>		CITY	STATE	ZIP	CITY	STATE	ZIP
NUMBER OF SAMPLES		EMAIL ADDRESS		EMAIL ADDRESS			
		PHONE (____) _____	PALS Client Account #	PHONE (____) _____	PALS Client Account #		

LAB NUMBER <i>(lab use only)</i>	* SAMPLE ID	* CROP NAME	* GROWTH STAGE <i>(S, E, B, F, M) see p.2</i>	WEEK	* PLANT PART <i>(M, W, T, E, H, P)</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	SPECIAL TESTS (\$2 EACH) Mo CI NO ₃		

GROWING CONDITIONS

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 _____

DIAGNOSTIC SAMPLE COMMENTS

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

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.

REPORT 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.

FARM ID: An optional identifier associated with each report. 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. **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 *Brassicas* (cabbage, kale, rapeseed, broccoli, Brussels sprouts, cauliflower, collards, turnips), spinach, alfalfa, and poinsettia. Payments can be made by cash, check, escrow or by Visa or Mastercard over the phone or 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: *Applicable only to strawberry or cotton samples.* 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).

