

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
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| 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 _____ | | | |

| LAB NUMBER <small>(leave blank)</small> | SAMPLE ID | CROP NAME | GROWTH STAGE | WEEK | PLANT PART | PLANT POSITION | CORRESPONDING SAMPLE ID | | | PLANT APPEARANCE | SPECIAL TESTS (\$2 EACH) | | | |
|--|-----------|-----------|--------------|------|------------|----------------|-------------------------|----------|-------|------------------|--------------------------|----|-----------------|-------|
| | | | | | | | SOIL | SOLUTION | WASTE | | Mo | Cl | NO ₃ | OTHER |
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |

| <p>GROWING CONDITIONS</p> 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: <u>Rainfall</u> Below normal Normal Above normal <u>Temperature</u> Below normal Normal Above normal IRRIGATION (AMOUNT): _____ TYPE: _____ FUNGICIDES USED: _____ DATE: _____ | <p>PROBLEM SAMPLE COMMENTS</p> _____ _____ _____ _____ _____ _____ _____ _____ | <p>FERTILIZER HISTORY</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Date</th> <th style="width: 15%;">Material</th> <th style="width: 15%;">Rate</th> <th style="width: 40%;">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: | _____ | _____ | _____ | _____ |
|---|--|---|-------|----------|----------|------|----------|-----------|-------|-------|-------|-------|------------|-------|-------|-------|-------|----------------|-------|-------|-------|-------|--------|-------|-------|-------|-------|
| | Date | Material | Rate | Comments | | | | | | | | | | | | | | | | | | | | | | | |
| Preplant: | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | |
| Postplant: | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | |
| Micronutrient: | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | |

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

INSTRUCTIONS FOR COMPLETING THE 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**: check, money order, cash 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 ID — List the IDs of any matching soil, solution or waste samples submitted.

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.