

AQUAPONICS PLANT TISSUE COMPLETE ANALYSIS SUBMISSION FORM



Date Sampled _____ Name _____

Address _____ County _____

City _____ State _____ ZIP _____

Account # _____

Email _____ Phone _____

(If email address is provided, report will be sent in a PDF format to you.)

OFFICE USE ONLY County Code _____
 Laboratory Sample # _____ Date Received _____

Are you a Nelson & Pade grower? Yes No

FILED ID	CROP	HYDROPONIC OR AQUAPONIC SAMPLES	STAGE OF GROWTH	PLANT PART SAMPLED:	POSITION OF PART SAMPLED:	SAMPLE NO.	PLANT APPEARANCE:
		1 = New Planting 2 = 2-4 Years 3 = 5+ Years		Whole = W Top 6" = T Leaves = L Stems = S Grain = G Petiole = P	Top = T Middle = M Bottom = B		Normal = N Abnormal = A