



The University of Georgia
 College of Agricultural and Environmental Sciences
 Cooperative Extension
SOIL, PLANT, AND WATER LABORATORY
 2400 College Station Road

Lab Use Only	
LAB #:	_____
Received by:	_____
Date Received:	_____
Date Returned:	_____
Fee Received:	_____

PLANT SUBMISSION FORM

Please Note – Retain a copy of this form for your files. Submit one copy per sample.

Grower	Appearance of Plant
Name (Print) _____ Address: _____ _____ City: _____ State: _____ Zip Code: _____ County Agent: _____ County: _____	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (describe) </div> _____ _____ _____ Plant Diseases? <input type="checkbox"/> YES <input type="checkbox"/> NO Insect Problem? <input type="checkbox"/> YES <input type="checkbox"/> NO Was a soil sample taken from this same area for: 1. Soil Test <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Nematode Assay <input type="checkbox"/> YES <input type="checkbox"/> NO List any foliar fertilizers or fungicides sprayed on this crop: _____ Additional comments about samples: _____
<p>IMPORTANT <i>Samples should be placed in a 10"x13" paper envelope or a PAPER BAG, which is labeled with your name, address, the crop, and sample description.</i></p>	

TYPE OF SAMPLE	IRRIGATION
Crop: _____ Code: _____ Variety or Hybrid: _____ Sample No. _____ of _____ Date Planted: _____ Date Sampled: _____ Stage of Growth: <input type="checkbox"/> Seedling <input type="checkbox"/> Early Growth <input type="checkbox"/> Bloom <input type="checkbox"/> Fruiting <input type="checkbox"/> Mature Wheat: (Enter Growth Stage No.) _____ Plant Height: _____ Inches	YES <input type="checkbox"/> NO <input type="checkbox"/>

(Notice: **Do not** send root portion. Leaves covered with dust or recently sprayed should be rinsed and air-dried before mailing.)

PLANT PART SAMPLED: (Check One)	Position of Plant Leaf (Check One)								
Whole Plant <input type="checkbox"/> Leaves <input type="checkbox"/> Stems <input type="checkbox"/> Top 6" <input type="checkbox"/> Petioles <input type="checkbox"/> Other: _____	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Corn</td> <td style="text-align: center; border-bottom: 1px solid black;">Other Crops</td> </tr> <tr> <td>Ear Leaf <input type="checkbox"/></td> <td>Upper <input type="checkbox"/></td> </tr> <tr> <td>Leaf Below Whorl <input type="checkbox"/></td> <td>Middle <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Lower <input type="checkbox"/></td> </tr> </table>	Corn	Other Crops	Ear Leaf <input type="checkbox"/>	Upper <input type="checkbox"/>	Leaf Below Whorl <input type="checkbox"/>	Middle <input type="checkbox"/>		Lower <input type="checkbox"/>
Corn	Other Crops								
Ear Leaf <input type="checkbox"/>	Upper <input type="checkbox"/>								
Leaf Below Whorl <input type="checkbox"/>	Middle <input type="checkbox"/>								
	Lower <input type="checkbox"/>								
* Check here if requesting single Petiole Analysis (Nitrate, Phosphorus, Potassium). P13 <input type="checkbox"/>									