

Plant Analysis

Sample Information

Spectrum Analytic Inc.

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800-321-1562

Prepared For

Name
Address
City State Zip
Date
Company Contact Person

Company

Name
Address
City State Zip
Phone Number Fax Number
Email

Sample Information

Sample ID	
Date Planted or Last Cut Height or age	
Plant (common or scientific name)	
Growth Stage (choose one)	Plant Part Sampled (choose one)
<input type="checkbox"/> Seedling <input type="checkbox"/> Early Growth <input type="checkbox"/> Bloom <input type="checkbox"/> Fruiting <input type="checkbox"/> Mature <input type="checkbox"/> Feekes Stage _____ <input type="checkbox"/> V/R Stage _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Whole Plant (no roots) <input type="checkbox"/> Recently Matured Leaf <input type="checkbox"/> Ear Leaf (corn) <input type="checkbox"/> Flag Leaf (small grain) <input type="checkbox"/> Y Leaf (rice) <input type="checkbox"/> Top 6" (alfalfa, grasses) <input type="checkbox"/> Leaf Opposite Fruit (grapes) <input type="checkbox"/> Petiole <input type="checkbox"/> Current Year Lateral Tip <input type="checkbox"/> Fruit/Grain <input type="checkbox"/> Wrapper Leaf (cabbage/lettuce) <input type="checkbox"/> Tip Leaflet (GH tomatoes) <input type="checkbox"/> Other _____

Fertilizer Applications

<input type="checkbox"/> lbs/Acre <input type="checkbox"/> lbs/1000 ft ² <input type="checkbox"/> Other _____					
Method	Date	N	P ₂ O ₅	K ₂ O	Other (specify)
Lime Type	Rate	Date			
Manure	Date				
Sludge	Date				
Compost	Date				
Other (e.g., foliar nutrients, fungicides)	Date				

Plant Conditions

Appearance (describe if abnormal)		
Previous Crop Yield		
Rainfall (last 2 weeks)	Drainage	Air Temperature (last 2 weeks)
<input type="checkbox"/> Drought <input type="checkbox"/> Low <input type="checkbox"/> Normal <input type="checkbox"/> High	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excessive	<input type="checkbox"/> Below Normal <input type="checkbox"/> Normal <input type="checkbox"/> Above Normal
Irrigation (last 2 weeks)	Total applied _____ inches	
<input type="checkbox"/> None <input type="checkbox"/> Sprinkler <input type="checkbox"/> Surface Flood <input type="checkbox"/> Drip Tube		

Soil Conditions

Soil Type	<input type="checkbox"/> Sand <input type="checkbox"/> Silt <input type="checkbox"/> Loam <input type="checkbox"/> Clay <input type="checkbox"/> Muck	
Is a soil sample being sent with this sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes	If No	
Soil Sample ID	Date of Last Test	
	Lab	
	pH	OM %
Soil Lab Number	P <input type="checkbox"/> lb/A <input type="checkbox"/> ppm	K <input type="checkbox"/> lb/A <input type="checkbox"/> ppm
	Mg <input type="checkbox"/> lb/A <input type="checkbox"/> ppm	Ca <input type="checkbox"/> lb/A <input type="checkbox"/> ppm
	Other	

Send at least a rounded double handful (softball size) of plant tissue.
Do not ship sample in a plastic lined container.
See Plant Analysis Guide for complete sampling instructions.