

710 Commerce Drive Watertown, WI 53094-0169 920.261.0446 Phone www.rockriverlab.com

Plant Tissue Plus Soil

Analysis Request Form

Grower Information		Billing Information	
Grower Name:		Company Name:	
Address:		Acct # or Address:	
<u> </u>			
City, State, Zip:		City, State, Zip:	
County:			
Sample Information			
Field ID:		_ Sampling Date: Irrigate	d? Yes No
Tissue	Soil		
Sample ID:	Sample ID:	Plow Depth: Soil Name:	
Please check the appropriate box from the list below			
			Plants
Сгор	Growth Stage	Plant Part	per Sample
Corn	12" tall	Whole plant	20
Corn	Pre-tassel	Leaf below whorl	15
Corn	Tassel to silk	Ear leaf	15
Soybea	ns Prior to or at initial flower	Newest fully developed leaf	25
Oat	Prior to heading	Whole plant	50
Oat	Tillering	Whole plant	50
Alfalfa	Bud to first flower	Top 6 inches	35
Potato	Prior to or at initial flower	4th petiole & leaflet (whole leaves)	40
Potato	Prior to or at initial flower	4th petiole from top	50
Potato	Tuber bulking	4th petiole & leaflet (whole leaves)	40
Potato	Tuber bulking	4th petiole from top	50
Other*			
*Visit www.rockriverlab.com for instructions on sampling plants that are not listed above			

Tissue Sample Handling Notes:

Ship samples to the lab within 24 hours of collection. Be sure to collect tissue samples that are clean of soil or other debris. DO NOT RINSE THESE SAMPLES, as this may remove soluble nutrients. Place tissue samples in breathable container such as a brown paper bag, and label properly. Do not place tissue samples in plastic or other air-tight containers. Sample abnormal areas separately from normal areas, and mark the samples accordingly. Remember to include a soil sample for the most accurate interpretations.