



LABORATORY NUMBER	NAME (PLEASE PRINT)	BUSINESS (IF ANY)	NAME OF COMMERCIAL FIRM
SERIAL NO.	STREET OR R.D. NO.		STREET
DATE	CITY	STATE	ZIP CODE
	PHONE	EMAIL	PHONE
			STATE
			ZIP CODE
			EMAIL

PLANT ANALYSIS INFORMATION SHEET: ALL FRUIT CROPS

Note: Payment of \$24.00 must be submitted with plant sample (check payable to Penn State University)

County _____ Field No. _____

Crop _____ Variety _____

***For recommendations, please choose crop/variety from back of this form.**

Was a leaf sample submitted from this block last year? Yes [] No []

(If yes, enter sample number _____)

Was a soil sample submitted with this block last year? Yes [] No []

(If yes, enter sample number _____)

Sampling time for grapes: bloom sample [] veraison sample []

Will the fruit be used for fresh market [] or processing []

Spacing _____ ft x _____ ft (For raspberries and strawberries, indicate initial spacing only.)

Rootstock (If applicable) _____

Age of plants sampled _____ (years)

Lime: _____ tons/acre of _____ applied on _____
(type) (date)

Fertilizer: _____ lbs/tree of _____ applied on _____
(analysis) (date)

(or) _____ lbs/acre of _____ applied on _____
(analysis) (date)

Were foliar nutrients applied this year? Yes [] No []

If yes, list rates/acre _____

Weed control:

Chemical used _____

Amount of active ingredient/acre _____

Date applied _____

The soil is: Gravelly [] Sandy [] Shaley [] Eroded []
Silt [] Clay [] Loam []

The topography is: Flat [] Sloping [] Steep Grade []

Rainfall this season was: Light [] Normal [] Heavy []

Free water drains away: Slowly [] Quickly []

Plant appearance:

Terminal growth is: Short [] Medium [] Long []

Grape or raspberry canes are: Poor [] Vigorous [] Excessive []

Strawberry beds are: Sparse [] Medium [] Very dense []

Leaf color is: About right [] Light Green [] Yellow [] Brown []

COMPLETE THIS SECTION FOR SPECIAL PROBLEMS ONLY:

If the leaf is discolored, does the color variation occur:

Along leaf margin [] Between main veins [] Between small veins []

Along veins [] Over the entire leaf [] In spots []

Leaves were first affected at shoot: Tip [] Middle [] Base []

Symptoms were first seen: June [] July [] August [] September []

Leaf drop was: Early [] Late [] Normal []

Leaves dropped first on: New wood [] Spurs [] Shoot tip [] Shoot base []

Fruit color is: Poor [] All right [] Unusually well colored []

Fruit quality is: Poor [] Acceptable [] Excellent []

Crop size is: Poor [] Average [] Heavy []

<u>Crop Name</u>	<u>Variety</u>
Apple	Any
Apricot	Any
Blueberries.....	Any
Brambles	Any
Cantaloupe.....	Any
Cherry	Any
Grapes	Any
Grape.....	At bloom time
Currant	Any
Nectarine.....	Any
Peach	Any
Pear	Any
Persimmon	Any
Plum	Any
Strawberries	Any
Strawberries	Hydroponic
Strawberries	Plasticulture
Watermelon	Any

*Report will show levels only (no recommendations) for crops not listed above.

*If recommendations are not necessary, please use the plant research form: **Plant Research Submission Form**