



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	CITY STATE ZIP CODE
	PHONE	EMAIL	PHONE EMAIL

PLANT ANALYSIS INFORMATION SHEET: VEGETABLE CROPS

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

Is this a check on nutritional status (field tomatoes only) []?
Or is this a special problem []?

If for a check on nutritional status, send 1 plant sample taken about 30 days after transplanting (field tomatoes only).
If a special problem, send plant and soil samples from both good and poor crop areas (2 plant and 2 soil kits needed).

COMPLETE THIS SECTION FOR ALL SAMPLES:

County _____ Field No. _____
Crop _____ Variety _____ Planting date _____
***For recommendations, please choose crop/variety from back of this form.**
Spacing: between rows _____ within rows _____
Lime: _____ tons/acre of _____ applied on _____
(calcitic or dolomitic) (date)
FERTILIZER
Before planting: _____ lbs/acre of _____ applied on _____
At planting: _____ lbs/acre of _____ applied on _____
Method of application: Broadcast [] Banded []
Sidedressed: _____ lbs/acre of _____ applied on _____
(analysis) (date)

FUNGICIDES

Material	Rate/acre	Application frequency	Last spray date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMPLETE THIS SECTION FOR SPECIAL PROBLEMS ONLY:

This 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 []

Growth has been: Stunted [] Average [] Excessive []

If the leaf is discolored, does the color variation occur:
Along leaf margin [] Between veins [] Over entire leaf []
In spots []

Leaves were first affected at: Tip [] Middle [] Base [] of plant

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

Roots appear: Normal [] Discolored []

HERBICIDES

Material	Rate/acre	Date applied
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional information (use back if needed): _____

<u>Crop Name</u>	<u>Variety</u>
Asparagus	Any
Beans	Snap
Beets	Any
Broccoli	Any
Brussels Sprouts	Any
Cabbage	Any
Cauliflower	Any
Collards.....	Any
Corn.....	Field 10" tall or less (no roots)
Corn.....	Field
Corn.....	Mature Sweet
Corn.....	Young Sweet
Cucumber	Any
Eggplant.....	Any
Gourd	Any
Lettuce.....	Any
Kale	Any
Onion.....	Any
Peppers.....	Any
Potatoes	Irish
Potatoes	Sweet
Pumpkin.....	Any
Radish	Any
Soybeans.....	Any
Spinach.....	Any
Squash	Any
Tomato	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**