

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 \_\_\_\_\_  
 (calclitic 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**