Agricultural Analytical Services Laboratory
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PLANT SAMPLE SUBMISSION FORM – RESEARCH
(results only – no interpretation/recommendations provided)

	Send additional copy of report to:
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Telephone: _____	Telephone: _____
Email: _____	Email: _____

Excel file: Check this box if you prefer to have your results sent to you as an Excel formatted spreadsheet rather than a pdf report

Sample ID	Crop	Growth stage	Plant part	Dried/ ground?	Analysis requested	Fee, $

For more than ten samples, attach additional sheets and include all info. specified above

Total _____

Analysis[1]	Fees[2]
Complete: Total nitrogen plus acid digestion and standard ICP analysis	
N, P, K, Ca, Mg, Mn, Fe, Cu, B, Al, Zn, Na, S ……………………………………………………………..…	$24.00
Standard: Acid digestion and standard ICP analysis only[2]	
P, K, Ca, Mg, Mn, Fe, Cu, B, Al, Zn, Na, S …………………………………………………………….	$20.00
Trace: Acid digestion and trace element ICP analysis:	
Cd, Co, Pb, Mo, Ni …………………………….…………………………………………………...……	$20.00/element
Nitrogen: Total N by dry combustion analysis..….…………………………………………………………	$15.00
Carbon: Total C by dry combustion analysis ……………………………………………………………	$20.00
Nitrogen and Carbon: Total N and C by dry combustion analysis…………………………....…………………………	$25.00
Drying/grinding credit: Samples submitted dried (65C) and ground (20 mesh, <1 mm) receive a discount…………………	($5.00)

[1]Minimum 2.0 g dry matter required for *standard* ICP analysis, 4.0 g dry matter required for *trace* ICP analysis, & 1.0 g dry matter for total C & N.

[2]Fees listed for unground samples of 1 pint or less material. For larger samples, contact the laboratory. For ground samples, apply $5 credit per sample.
  Volume discounts available. Please contact the laboratory for more information.

Payment method
Payment enclosed. Make checks payable to: *Penn State University*
Charge my credit card   Name on Card: _____ *(Please print)*
Type: Visa   MasterCard   American Express   Discover *(Check one)*
Number: _____ Expiration Date: ___ / ___ / ___
Invoice   P.O.: _____ or Budget/Fund (PSU only): _____