



LABORATORY NUMBER	NAME (PLEASE PRINT)	PHONE NO.	GROWER'S NAME
SERIAL NO.	STREET OR R.D. NO.		
DATE	CITY	STATE	ZIP CODE
		PHONE NO.	FAX NO.

PLANT ANALYSIS INFORMATION SHEET: FLORICULTURE CROPS ONLY

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

County _____ House No. _____ Bed or Bench No. _____

Crop _____ Variety _____ Type _____

Date of sampling _____ Date planted _____

This sample represents: Average condition
 (check one) Problem condition Explain _____

Number of plants per bench _____ Spacing _____

Irrigation type: Sub-irrigation Hand
 (check one) Automatic nozzle Other

Temperature: Day _____ Cloudy day _____ Night _____

CO2 level _____ Method of application _____

Was CO2 being injected when sample was taken? _____

Growing media (describe) _____

Pest control: Last date of spraying or dusting _____

Material used _____

Spray or dust residue: Light Medium Heavy

Fertilization: Date applied _____

Analysis and rate _____

Trace elements: Date applied _____
 Type and rate _____

Soil sterilization:

Steam: _____ minutes at _____ °F

Chemical: Material _____

Flowers are: Small
 Poor color
 Other (describe) _____

Stems are: Soft
 Brittle
 Weak
 Short
 Excessively branched
 Other (describe) _____

Abnormal leaves are:

Scorched on margins
 Small in size
 Light green in color
 Yellow between veins
 Twisted
 Other (describe) _____

Additional information: _____