



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

**PLANT ANALYSIS INFORMATION SHEET: CROPS OTHER THAN FRUIT, VEGETABLE OR FLORICULTURE CROPS**

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

**CROP**  
 County \_\_\_\_\_ Field No. \_\_\_\_\_  
 Crop Name \_\_\_\_\_  
 Variety or Hybrid \_\_\_\_\_  
 Date Planted \_\_\_\_\_ Date Sampled \_\_\_\_\_  
 State of Growth: (check one)  
 Seedling [ ] Early Growth [ ]  
 Bloom [ ] Fruiting [ ] Mature [ ]  
 Plant Height \_\_\_\_\_ inches  
 Plant part sampled: (check one)  
 Whole plant [ ] Stems [ ] Petioles [ ]  
 Leaves [ ] Top Six [ ] Other [ ]  
 Position of plant: (check one)  
 Corn: Ear leaf [ ] Leaf below whorl [ ]  
 Other crops: Upper [ ] Middle [ ] Lower [ ]  
 Appearance of plant  
 Normal [ ] Abnormal [ ] \_\_\_\_\_  
 (describe) \_\_\_\_\_  
 Plant population: \_\_\_\_\_ Plant/acre  
 Row width \_\_\_\_\_ Plants/ft of row: \_\_\_\_\_  
 Previous crop: \_\_\_\_\_  
 Yield or previous crop: \_\_\_\_\_

**LIME**  
 Rate \_\_\_\_\_ Type \_\_\_\_\_  
 Surface [ ] Incorporated [ ] Date applied \_\_\_\_\_

**FERTILIZER**

METHOD	N lbs/A	P205 lbs/A	K20 lbs/A
Broadcast Before _____			
[ ] plowing			
Incorporated After _____			
[ ] plowing			
After _____			
Planting			
ROW Side-Dressed _____			
Beside seed _____			
With seed _____			

**FOLIAR** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**MICRONUTRIENTS**

Material	Rate	Method	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INSECTIDICES, FUNGICIDES, AND HERBICIDES**

Material	Rate	Method	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DISEASES, PESTS AND WEATHER**

Disease Problems? No [ ]  
 Yes [ ] \_\_\_\_\_  
 (describe) \_\_\_\_\_

Insect Problem? No [ ]  
 Yes [ ] \_\_\_\_\_  
 (describe) \_\_\_\_\_

Irrigation: \_\_\_\_\_ inches applied  
 None [ ] Sprinkler [ ] Surface [ ]

Rainfall: (last 3 weeks)  
 Below normal [ ] Normal [ ] Above normal [ ]

Air Temperature: (last 3 weeks)  
 Below normal [ ] Normal [ ] Above normal [ ]

\_\_\_\_\_

**SOIL**

Soil Type \_\_\_\_\_

Erosion: None [ ] Slight [ ]  
 Moderate [ ] Severe [ ]

Drainage: Poor [ ] Fair [ ]  
 Good [ ] Excessive [ ]

Specific problem (describe)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_