

A & L CANADA LABORATORIES INC.

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PLANT TISSUE SUBMITTAL FORM

SUBMITTED BY:	
Address:	
Province: Postal Code:	
Phone:	Fax:
Email:	
Account #:	

CLIENT/GROWER:	
Address:	
Province: Postal Code:	
Phone:	Fax:
Email:	
Grower Code:	Farm:

SAMPLE ID (max 20 characters)	LAB NUMBER	FARM ID	FIELD ID	ANALYSIS	CROP	STAGE	PLANT PART	APPEARANCE	DATE SAMPLED
				<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT4 <input type="checkbox"/> Other			<input type="checkbox"/> Whole Plant <input type="checkbox"/> Leaves <input type="checkbox"/> Top 6 Inches <input type="checkbox"/> Petioles Other <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Describe:	DD/MM/YY
				<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT4 <input type="checkbox"/> Other			<input type="checkbox"/> Whole Plant <input type="checkbox"/> Leaves <input type="checkbox"/> Top 6 Inches <input type="checkbox"/> Petioles Other <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Describe:	DD/MM/YY
				<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT4 <input type="checkbox"/> Other			<input type="checkbox"/> Whole Plant <input type="checkbox"/> Leaves <input type="checkbox"/> Top 6 Inches <input type="checkbox"/> Petioles Other <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Describe:	DD/MM/YY
				<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT4 <input type="checkbox"/> Other			<input type="checkbox"/> Whole Plant <input type="checkbox"/> Leaves <input type="checkbox"/> Top 6 Inches <input type="checkbox"/> Petioles Other <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Describe:	DD/MM/YY
				<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT4 <input type="checkbox"/> Other			<input type="checkbox"/> Whole Plant <input type="checkbox"/> Leaves <input type="checkbox"/> Top 6 Inches <input type="checkbox"/> Petioles Other <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Describe:	DD/MM/YY
				<input type="checkbox"/> PT1 <input type="checkbox"/> PT2 <input type="checkbox"/> PT4 <input type="checkbox"/> Other			<input type="checkbox"/> Whole Plant <input type="checkbox"/> Leaves <input type="checkbox"/> Top 6 Inches <input type="checkbox"/> Petioles Other <input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Describe:	DD/MM/YY

EXPLANATION OF TEST PACKAGES	
PT1	Nitrogen, Phosphorus, Potassium, Magnesium, Calcium, Sodium, Sulphur, Boron, Zinc, Manganese, Iron, Copper, Aluminum
PT2	PT1 plus N03-N
PT4	Same as PT1 for fruits and tubers

ADDITIONAL INFORMATION	
<input type="checkbox"/>	Please fax copy of the analysis to:
<input type="checkbox"/>	Please email a copy of the analysis to: