

# A & L CANADA LABORATORIES INC.

2136 Jetstream Road – London, Ontario N5V 3P5 - Tel: (519) 457-2575 Fax: (519) 457-2664



## PLANT TISSUE SUBMITTAL FORM

<b>SUBMITTED BY:</b>	
Address:	
Province:	Postal Code:
Phone:	Fax:
Email:	
Account #:	

<b>CLIENT/GROWER:</b>	
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	
<b>PT1</b>	Nitrogen, Phosphorus, Potassium, Magnesium, Calcium, Sodium, Sulphur, Boron, Zinc, Manganese, Iron, Copper, Aluminum
<b>PT2</b>	PT1 plus N03-N
<b>PT4</b>	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: