

ANALYSIS REQUEST FORM
PLANT TISSUE

IDENTIFICATION

| FROM (CCAIE, Company, etc.) | | SAMPLE (Farm, owner of the samples, etc.) | |
|--|--|---|--|
| Company Name | | Company Name | |
| Contact | | Contact | |
| Address | | Address | |
| Postal code | | Postal code | |
| Phone | | Phone | |
| Email | | Email | |
| <input type="checkbox"/> Send invoice to this person/company ¹ | | <input type="checkbox"/> Send invoice to this person/company ¹ | |
| Send report to : Organization name : _____ To the attention of : _____ Email : _____ | | | |

¹ : Check the appropriate boxes to indicate who must be charged for the analysis and recipient(s) of the analysis report.

SIGNATURE (customer or his representative)

| ANALYSIS | | | | | | | | |
|-----------------------|----------------|-------------|---------------------------|-------------------------------------|--|----------------------|-------------|------------|
| Standard ² | Total Nitrogen | Molybdenium | Green manure ³ | Other (specify in Comments section) | | For lab use only | | |
| | | | | | | Subsample wet weight | Tray weight | Dry weight |

SAMPLES AND ANALYSIS :
Identify each sample and check analysis required.

| For lab use only Lab number | Sample identification (10 digits max.) | Sample date (dd/mm/yyyy) | Sampler | Standard ² | Total Nitrogen | Molybdenium | Green manure ³ | Other (specify in Comments section) | Subsample wet weight | Tray weight | Dry weight |
|--------------------------------|---|-----------------------------|---------|--|----------------|-------------|---------------------------|-------------------------------------|----------------------|-------------|------------|
| | | | | 2 : N, P, K, Ca, Mg, Al, B, Cu, Fe, Mn, Zn, Si, organic matter, C/N 3 : N, P, K, Ca, Mg, Al, B, Cu, Fe, Mn, Zn, organic matter, dry matter, C/N | | | | | | | |
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| 12 | | | | | | | | | | | |

COMMENTS

FOR LAB USE ONLY

Reception date : _____ Entered : _____ Date : _____ Initials : _____
 Receiver : _____ Delivery : Courier Customer or his representative
 Postage due, no. : _____
 Rejected, specify : _____