Plant Tissue

Tissue Test Request Sheet

Litchfield Analytical Services
P.O. Box 457
535 Marshall Street
Litchfield, MI 49252
Phone: (517) 542-2915
Fax: (517) 542-2014

Email: litchlab@qcnet.net

www.litchlab.com

Date: _____

Customer Information

Company _____

Name _____

PO Box _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ - _____

Fax (_____) _____ - _____

Email _____ @ _____

Tissue Test Packages

Pkg T1	-	N, P, K, Ca, Mg, Cu, Fe, Mn, & Zn
Pkg T2	-	N, P, K, Ca, Mg, Cu, Fe, Mn, Zn, S, & B
N	-	Nitrogen (N)
NO3	-	Nitrates (NO3)
S	-	Sulfur (S)

Grower ID	Farm ID	Field ID	Sample ID	Crop Code	Legume % Stand	Variety	Plant Age	Plant Appearance	Growth Stage	Tests Requested
										T1 T2 N NO3 S
										T1 T2 N NO3 S
										T1 T2 N NO3 S
										T1 T2 N NO3 S
										T1 T2 N NO3 S
										T1 T2 N NO3 S
										T1 T2 N NO3 S
										T1 T2 N NO3 S
										T1 T2 N NO3 S
										T1 T2 N NO3 S