

# Olsen's Agricultural Laboratory, Inc.

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## Leaf Sample Submittal Form

| Account Number, Name & Address                          |                      |                       |               |                                     | Bill To                     |      |                                      |  |
|---|----------------------|-----------------------|---------------|-------------------------------------|-----------------------------|------|--------------------------------------|--|
|   |                      |                       |               |                                     | Extra Copies To             |      |                                      |  |
|   |                      |                       |               |                                     | e-Mail (PDF) Copies To      |      |                                      |  |
|   |                      |                       |               |                                     | e-Mail Address              |      |                                      |  |
|   |                      |                       |               |                                     | FAX To                      |      |                                      |  |
|   |                      |                       |               |                                     | FAX No.                     |      |                                      |  |
| Growers Name  | Field Identification | Sample Identification | Lab Test Code | Crop                                | Plant Part                  |      | Stage of Maturity                    |  |
|   |                      |                       |               |                                     | Whole                       | Leaf |                                      |  |
|   |                      |                       |               |                                     |                             |      |                                      |  |
|   |                      |                       |               |                                     |                             |      |                                      |  |
|   |                      |                       |               |                                     |                             |      |                                      |  |
|   |                      |                       |               |                                     |                             |      |                                      |  |
|   |                      |                       |               |                                     |                             |      |                                      |  |
|   |                      |                       |               |                                     |                             |      |                                      |  |
|   |                      |                       |               |                                     |                             |      |                                      |  |
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|   |                      |                       |               |                                     |                             |      |                                      |  |
|   |                      |                       |               |                                     |                             |      |                                      |  |
|   |                      |                       |               |                                     |                             |      |                                      |  |
|   |                      |                       |               |                                     |                             |      |                                      |  |
| <b>LAB TEST CODE</b>                                    |                      |                       |               | <b>Request Leaf Sample Supplies</b> |                             |      | <b>LAB USE ONLY</b>                  |  |
| 1. Basic Test: N, P, K, S, Zn                           |                      |                       |               | Quantity                            | Item                        |      | _____ ARS<br>_____ MRL<br>_____ None |  |
| 2. Complete Test: N, P, K, Ca, Mg, S, Zn, Fe, Mn, Cu, B |                      |                       |               | _____                               | Leaf Sample Submittal Forms |      |                                      |  |
| 3. N  |                      |                       |               | _____                               | Leaf Sample Bags            |      |                                      |  |
| Na  |                      |                       |               | _____                               | Large Shipping Boxes        |      |                                      |  |
| Cl  |                      |                       |               | _____                               | Medium Shipping Boxes       |      |                                      |  |
| Al  |                      |                       |               | _____                               | Small Shipping Boxes        |      |                                      |  |
| Mo  |                      |                       |               | _____                               | ARS / UPS Labels            |      |                                      |  |
| Individual (see back)                                   |                      |                       |               | _____                               | MRL / USPS Labels           |      |                                      |  |
|   |                      |                       |               | _____                               | Pre-addressed Labels        |      |                                      |  |

PLEASE SUBMIT WHITE COPY WITH SAMPLES AND RETAIN PINK COPY FOR YOUR FILES