



## PLANT SAP and PLANT SAP COMBO SAMPLE SUBMISSION FORM

RECEIVED BY	
DATE/TIME RECEIVED	
SDG#	

NEW AGE LAB ACCT. #

CONSULTANT/GROWERS NAME:			PO#		
COMPANY					
MAIL ADDRESS					
TOWN		STATE		ZIP CODE	COUNTRY
TELEPHONE			E-MAIL		

GROWER CONTACT:					
FARM/GROWER					
MAIL ADDRESS					
TOWN		STATE		ZIP CODE	COUNTRY
TELEPHONE			E-MAIL		

FIELD ID	SAMPLE ID	SAMPLED		SAMPLE TYPE			CROP DETAILS				LAB ID
		DATE	TIME	PLANT (NEW/OLD)	SOIL	WATER	CROP	VARIETY	GROWTH STAGE	VIGOR	
	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										
	11										
	12										
	13										
	14										
	15										
	16										