



**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	ZIPCODE	COUNTRY
TELEPHONE	EMAIL		

GROWER CONTACT:			
FARM/GROWER			
MAIL ADDRESS			
TOWN	STATE	ZIPCODE	COUNTRY
TELEPHONE	EMAIL		

BLOCK/FIELD ID	SAMPLE ID	SAMPLED		SAMPLE TYPE			CROP DETAILS				LAB ID
		DATE	TIME	PLANT SAP (NEW/OLD)	QUICK SOIL	WATER	CROP	VARIETY	GROWTH STAGE	VIGOR	
	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										

Authorization Signature: _____

Sample Submission and Acceptance Policy: 1) All samples must be within 20 % of required sample volume or they will be rejected. 2) Sample submission forms must be filled out completely - incomplete forms will delay results or reject samples. 3) Signature require.