

# TPS Lab

Since 1938 – Specialists in Soil Fertility, Plant Nutrition and Irrigation Water Quality Management For Growers Around The World.

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TPSLab.com • AskThePlant.com



LAB USE ONLY

LAB N<sup>OS</sup> FROM \_\_\_\_\_ TO \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

BY: \_\_\_\_\_

CLIENT ID: \_\_\_\_\_

## GRAPEVINE Petiole or Leaf Submittal and Chain of Custody.

COMPANY / VINEYARD: \_\_\_\_\_ P/O No: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ ZIP / POSTAL CODE: \_\_\_\_\_ COUNTRY IF NOT U.S. OR CANADA : \_\_\_\_\_

CONSULTANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SEND REPORTS TO:  GROWER  CONSULTANT  BOTH

SHIP DRIED SAMPLES IN PLAIN PAPER BAGS.

FERTILIZATION:  CONVENTIONAL / CHEMICAL  SUSTAINABLE  ORGANIC

DATE SAMPLES TAKEN: \_\_\_\_\_ SAMPLES TAKEN BY: \_\_\_\_\_

VINEYARD / LOCATION NAME: \_\_\_\_\_

DATE OF PLANTING: \_\_\_\_\_ SAMPLE AGE After 1<sup>st</sup> Bloom (Days): \_\_\_\_\_ POPULATION (Vines per Ac / Ha): \_\_\_\_\_

WATER SOURCE:  MUNICIPAL/CO-OP  WELL – Depth \_\_\_\_\_  LAKE  RIVER IF IRRIGATION IS BY OTHER THAN DRIP, SO NOTE ON BACK.

PROBLEMS or COMMENTS: \_\_\_\_\_

VINEYARD HISTORY INCLUDING LAST FERTILIZATION / INOCULANTS / ADJUVANTS PLEASE FURNISH AS MUCH DETAIL AS POSSIBLE:

LINE	LAB N <sup>o</sup> <small>(LAB USE ONLY)</small>	MGMT. BLOCK / STATION ID. <small>(MAX. 6 CHARS)</small>	MGMT. BLOCK AREA Ac / Ha	VINE AGE	VINE DEV. STAGE SEE BELOW	LEAF COLOR	GROWTH	DAMAGE DISEASE / FROST / OTHER	CLUSTER DENSITY	SURFACE MOISTURE DEPTH	VARIETY  <small>And See Back Of Page</small>
						DARK GOOD YELLOW	F <sup>AST</sup> G <sup>OOD</sup> P <sup>OO</sup> R S <sup>TUN</sup> TED	NONE LIGHT MILD HEAVY DISEASE	STRAGGLY VERY LOOSE LOOSE WELL FILLED TIGHT	+++ MUDDY ++ <= 2" (5 CM) + > 2" (5 CM) - > 4" (10 CM) = WILTED	
1											
2											
3											
4											

### VINE DEVELOPMENT STAGE:

PETIOLES: 1 – At Season's first fully-expanded mature leaf 2 – At Bloom 3 – At Mid-fruit  
4 – At Veraison 5 – 2-3 Weeks After Veraison LEAVES: 6 – At Maturity

NUMBER OF PETIOLES (FULL LEAF STEMS) PER SAMPLE: 40. NUMBER OF LEAVES PER SAMPLE: 30.

Use separate sheet(s) for more than four management blocks or different varieties. All management blocks on this sheet will be on the same report. Station IDs remain the same throughout the growing season. SEE AskThePlant.com *GRAPE PETIOLE AND LEAF SAMPLING INSTRUCTIONS* sheet for details. SAMPLES MUST BE THOROUGHLY WASHED AND DRIED –

DO NOT SHIP IN PLASTIC BAGS.

# ASK THE PLANT®

## PL-50 GRAPEVINE Petiole (Sap) or Leaf Test

If Leaf AND Petiole tests are desired, show as separate tests.

- See Fee Schedule for other tests and current prices -

LINE No.	YIELD GOAL LBS / AC ♦ KG / HA	COMMENTS – CROP DAMAGE – OBSERVATIONS – APPLICATIONS
1		
2		
3		
4		

♦ **RECOMMENDATIONS WILL BE FOR 6 TONS PER ACRE IF NOT OTHERWISE SPECIFIED.**

Analysis includes –

- ♦ Petiole (Leaf Stem): Sap NO<sub>3</sub> & PO<sub>4</sub> (Present Uptake) OR
- ♦ Plant Leaf: % Nitrogen [N] and Phosphorus [P] (Historic Uptake)

# PLUS:

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Potassium [K]</li> <li>• Calcium [Ca]</li> <li>• Magnesium [Mg]</li> <li>• Sodium [Na]</li> </ul> | <ul style="list-style-type: none"> <li>• Zinc [Zn]</li> <li>• Iron [Fe]</li> <li>• Manganese [Mn]</li> <li>• Copper [Cu]</li> </ul> | <ul style="list-style-type: none"> <li>• Boron [B]</li> <li>• Sulfur [S]</li> <li>• Molybdenum [Mo]</li> </ul> |
|--|---|--|

LINE	TEST NO.	PRICE	TEST NO.	PRICE	TEST NO.	PRICE	TEST NO.	PRICE	LINE TOTAL
1	PL-50	\$		\$		\$		\$	\$
2	PL-50	\$		\$		\$		\$	\$
3	PL-50	\$		\$		\$		\$	\$
4	PL-50	\$		\$		\$		\$	\$
<b>CHARGE TOTAL</b>									\$

PAYMENT BY:  Check (No. \_\_\_\_\_)  Credit Card  Money Order  Cash

- CREDIT CARD CHARGE INFORMATION -

CREDIT CARD INFORMATION MAY BE CALLED OR FAXED IN IF YOU DO NOT WISH TO PROVIDE IT HERE.

TYPE:  Discover  American Express  VISA  MasterCard

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE / PROVENCE: \_\_\_\_\_ ZIP / POSTAL CODE : \_\_\_\_\_

COUNTRY IF NOT U.S. OR CANADA: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRES: \_\_\_\_ / \_\_\_\_ 3 or 4-DIGIT SECURITY CODE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_