

# TPS Lab

4915 West Monte Cristo Road  
Edinburg, Texas 78541  
Telephone: 956-383-0739 • FAX: 956-383-0730  
TPSLab.com • info@tpsl.biz

**ASK THE PLANT®**

TO GET THE MOST FROM YOUR PLANTS

**DYNAMIC CROP NUTRITION™**

## PLANT SAP ANALYSIS General Information Cover Sheet

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

BILL / CHARGE TO:  CONSULTANT  GROWER  SEASON PROGRAM PACKAGE  FULL SERVICE PACKAGE  
SEND REPORTS TO:  CONSULTANT  GROWER  BOTH

CONSULTANT NAME: \_\_\_\_\_ P/O Nº: \_\_\_\_\_

TELEPHONE Nº: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

COMPANY: \_\_\_\_\_

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

TOWN: \_\_\_\_\_ STATE / PROVINCE: \_\_\_\_\_ ZIP / POSTAL CODE: \_\_\_\_\_

COUNTRY (IF NOT U.S.A. OR CANADA): \_\_\_\_\_

GROWER CONTACT NAME: \_\_\_\_\_

TELEPHONE Nº: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE / PROVINCE: \_\_\_\_\_ ZIP / POSTAL CODE: \_\_\_\_\_

COUNTRY (IF NOT U.S.A. OR CANADA): \_\_\_\_\_

FERTILITY PRACTICE RECOMMENDATIONS:  CONVENTIONAL / CHEMICAL  SUSTAINABLE  ORGANIC

### LOCATION INFORMATION

FARM / LOCATION NAME: \_\_\_\_\_

IRRIGATION METHOD:  NONE-DRYLAND  PIVOT  DRIP  FLOOD  SPRINKLER  MICROJET

WATER SOURCE IF IRRIGATED – INCLUDE A COPY OF YOUR LATEST IRRIGATION WATER *MINERAL* ANALYSIS. IF AVAILABLE:

MUNICIPAL / CO-OP - ORIGINAL SOURCE, IF KNOWN: \_\_\_\_\_ RIVER  
WELL  
LAKE  WELL - DEPTH: \_\_\_\_\_  FT  M  
 LAKE - DEPTH: \_\_\_\_\_  FT  M  RIVER / CREEK  EFFLUENT

PROBLEMS OR COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIELD HISTORY – SEE INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PLANT SAMPLE SUBMITTAL AND CHAIN OF CUSTODY

Lab Use Only:

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

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

CONSULTANT:	
GROWER:	
P/O N <sup>o</sup> :	
DATE OF PLANTING:	SAMPLES TAKEN BY:
DAYS SINCE EMERGENCE:	ROW SPACING:

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

SHEET  OF

CROP / VARIETY:	DATE SAMPLES TAKEN:
-----------------	---------------------

LINE	LAB N <sup>o</sup> <small>(LAB USE ONLY)</small>	SAMPLE / STATION ID. <small>(MAX. 6 CHARS)</small>	SAMPLE TYPE PETIOLE LEAF WHOLE PLANT	PLANT HEIGHT  INCHES --- CM	FRUITING STAGE			COTTON  SQUARES	COLOR  NODES	GROWTH	DAMAGE INSECT WIND/HAIL WATER	SURFACE MOISTURE DEPTH	
					BUDS	BLOOMS	FRUIT					DARK GOOD YELLOW	FAST GOOD POOR STUNTED
1													
2													
3													
4													

LINE	COMMENTS, OBSERVATIONS & LAST FERTILIZER APPLICATIONS
1	
2	
3	
4	

# ORDER

COMPANY:	P/O Nº:
FIELD / LOCATION:	CLIENT ID:

SHEET

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

SHEET

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

SHEET

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

SHEET

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

# INSTRUCTIONS

- **NOT ANY LEAF OR PETIOLE WILL DO!** SEE THE SAMPLING GUIDE FOR SELECTED PLANTS IN OUR FEE SCHEDULE or call us.
- USE PLAIN PAPER BAGS FOR SAMPLES. DO NOT USE PLASTIC OR LINED BAGS.
- SAMPLES MUST BE THOROUGHLY WASHED AND COMPLETELY DRIED-OUT BEFORE BEING BAGGED. DO NOT SEND SAMPLES THAT STILL CONTAIN MOISTURE.
- DO NOT SEND SAMPLES THAT HAVE DIED. SAMPLES MUST STILL BE LIVING WHEN THEY ARE TAKEN.
- **PROBLEMS OR COMMENTS / FIELD HISTORY:** Please provide as much detail as possible. All information is considered when interpretations are being done and recommendations made.
- Print / Use as many Sample Submittal, Observations and Order forms as necessary for the same Company for the same Farm / Location.
- Use separate Field Log section for more than four fields / sample blocks or different crops. *All fields on a Field Log will be on the same report.* Field IDs remain the same throughout the growing season.

**CONSULTANTS:** If you want a separate report for each client, use a separate submittal form for each client. Otherwise, all clients shown on the form will be on the same report.

- SAMPLE / STATION I.D.s must be consistent throughout the season for the log reports.
- The quantities shown below are for average size or mature leaves and petioles.  
If the leaves or petioles are smaller than average or are from young plants,  
please send proportionately more.

- **PETIOLES (Full Leaf Stems - Newest, Fully Expanded and Mature) PER SAMPLE:**

Melons	40	Cotton	30	Squash	20	Tomatoes ♣	12
Celery	10	Pumpkins	15	Carrots	40	Sugar Beets ★	25
Potatoes	15	Lettuce ★	8	Cucumbers	40	Soybeans ♣	35
Grapes ♣	40	Beans	40	Peanuts	30	Strawberries ♣	35

- **LEAVES (Newest, Fully Expanded and Mature) PER SAMPLE:**

Onions	8	Cabbage ★	8	Pecans ♣	25	Trees – Large Leaves	15
Broccoli ★	8	Cauliflower ★	8	Trees – Small Leaves	35	Alfalfa ♣	40
Corn ♣	8	Oats	8	Fruit Trees	40	Small Grains	15
Carrots	10	Peppers ×	25	Olives ♣	40	Garlic	20
Tobacco	20	Sugar Cane	15	Sorghum	30	Timothy	40

★ Mid-Rib      × Leaf and Stem

♣ See our paper on this crop for sampling details and schedule at [AskThePlant.com](http://AskThePlant.com).

- **INTERNATIONAL SAMPLES – Must be washed and thoroughly dried before shipping. Import permits are required.** See [TPSLab.com](http://TPSLab.com) for forms and instructions.
- **AVAILABLE TESTS – See Fee Schedule for descriptions and prices.**

## NOTES ABOUT THIS FORM

**FIRST PAGE** – Needs to be filled out only at the beginning of the season. If you know your CLIENT ID, please write it in the box.

**SECOND & THIRD PAGES** – Print as many of these as necessary. If you know your CLIENT ID, please write it in the box.

## PAYMENT / CHARGE SECTION

COMPANY:	P/O Nº:
FIELD / LOCATION:	

**TOTAL CHARGES: \$**

PAYMENT METHOD:  CASH  CHECK NUMBER:

### CREDIT CARD ORDER

**To help protect your privacy, the following may be telephoned or FAXed:**

VISA  MasterCard  Discover  American Express

CARD Nº:	EXP. DATE: /	CODE:
NAME ON CARD:		
BILLING ADDRESS:		
TOWN:		
STATE / PROVINCE:	ZIP / POSTAL CODE:	
COUNTRY (If not U.S.A. or Canada):		