



JRPeters Laboratory

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company name: _____ account number: _____

submitted by: _____

street: _____

city: _____ state: _____ zip: _____

phone: _____ fax: _____ email: _____

shipped via: _____ tracking number: _____ ship date: _____ ship time: _____

A. SAMPLE ID Please identify each of your samples with a unique identification code. 20 characters max. (see instruction sheet)
Be sure to include your sample identification on the sample bag.
Sample Identification Code/Number _____
Date Sample Taken _____

- B. CROP TYPE**
- | | |
|--|--|
| <input type="checkbox"/> 1. Greenhouse | <input type="checkbox"/> 2. Nursery |
| <input type="checkbox"/> a. Bedding Plant | <input type="checkbox"/> g. Chrysanthemum |
| <input type="checkbox"/> b. Herbaceous Perennial | <input type="checkbox"/> h. Poinsettia |
| <input type="checkbox"/> c. Tropical Foliage | <input type="checkbox"/> i. Cyclamen |
| <input type="checkbox"/> d. General Ornamental | <input type="checkbox"/> j. Tomato |
| <input type="checkbox"/> e. Woody Ornamental | <input type="checkbox"/> k. Pansy |
| <input type="checkbox"/> f. Lily | <input type="checkbox"/> l. Petunia |
| <input type="checkbox"/> m. Azalea/Rhododendron | <input type="checkbox"/> n. Conifer |
| <input type="checkbox"/> o. Zonal Geranium | <input type="checkbox"/> p. Seed Geranium |
| <input type="checkbox"/> q. Ivy Geranium | <input type="checkbox"/> r. New Guinea Impatiens |

C. VARIETY (OPTIONAL): _____

- D. CROP STATUS**
- | | |
|--|---|
| <input type="checkbox"/> 1. Unplanted/Unused Media | <input type="checkbox"/> 4. More than 3 weeks and up to 12 weeks |
| <input type="checkbox"/> 2. Plugs | <input type="checkbox"/> 5. More than 12 weeks and up to 6 months |
| <input type="checkbox"/> 3. Less than 3 weeks | <input type="checkbox"/> 6. More than 6 months |

- E. MEDIA TYPE**
- | | | |
|--|--|---|
| <input type="checkbox"/> 1. Metro Mix® | <input type="checkbox"/> 6. Pro-Mix® | <input type="checkbox"/> 11. Own Mix - with soil |
| <input type="checkbox"/> 2. Redi-Earth® | <input type="checkbox"/> 7. Stronglite® | <input type="checkbox"/> 12. Own Mix - no soil |
| <input type="checkbox"/> 3. Frey's Professional® | <input type="checkbox"/> 8. Berger® | <input type="checkbox"/> 13. Hydroponic/Rock Wool |
| <input type="checkbox"/> 4. Sunshine® | <input type="checkbox"/> 9. Nursery Bark Mix | |
| <input type="checkbox"/> 5. Fafard® | <input type="checkbox"/> 10. Michigan Peat® | |

- F. IRRIGATION METHOD**
- | | | | |
|--|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 1. Top Watering | <input type="checkbox"/> a. Hose | <input type="checkbox"/> b. Drip | <input type="checkbox"/> c. Sprinkler |
| <input type="checkbox"/> 2. Sub-irrigation | | | |

- G. FERTILIZATION PROGRAM**
- | | |
|---|--------------------------------------|
| <input type="checkbox"/> 1. Liquid Feed | <input type="checkbox"/> 3. Both 1&2 |
| <input type="checkbox"/> 2. Controlled Release Fertilizer | <input type="checkbox"/> 4. Granular |

MEDIA

SAMPLE SUBMISSION FORM

H. LIQUID FEED FREQUENCY

- | | |
|--|--|
| <input type="checkbox"/> 1. Every Watering | <input type="checkbox"/> 2. Intermittent - Every ____ Days/Waterings |
|--|--|

I. FERTILIZER SOLUTION SPECIFICS (select brand and formulation

Example: Jack's Professional® 20-20-20 = 1.a.)

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1. Jack's Professional® | <input type="checkbox"/> a. 20-20-20 | <input type="checkbox"/> j. 20-8-20 |
| <input type="checkbox"/> 2. Scott's® Peters® | <input type="checkbox"/> b. 20-10-20 | <input type="checkbox"/> k. 17-5-19 |
| <input type="checkbox"/> 3. Masterblend® | <input type="checkbox"/> c. 15-16-17 | <input type="checkbox"/> l. 17-4-17 |
| <input type="checkbox"/> 4. Plantex® | <input type="checkbox"/> d. 15-15-15 | <input type="checkbox"/> m. 13-2-13 |
| <input type="checkbox"/> 5. Technigro® | <input type="checkbox"/> e. 15-0-15 | |
| <input type="checkbox"/> 6. Miller® | <input type="checkbox"/> f. 21-5-20 | |
| <input type="checkbox"/> 7. Plant Marvel® | <input type="checkbox"/> g. 20-3-19 | |
| <input type="checkbox"/> 8. Organic® | <input type="checkbox"/> h. 15-5-15 | |
| <input type="checkbox"/> 9. GreenCare® | <input type="checkbox"/> i. 15-2-20 | |

If other, please list under "Q. Other Comments"

J. CONTROLLED RELEASE FERTILIZER SPECIFICS

(select brand and formulation. For example: MultiCote 14-14-14 = 3.a)

- | | | | |
|---|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1. Osmocote® | <input type="checkbox"/> 5. Nutricote® | <input type="checkbox"/> a. 14-14-14 | <input type="checkbox"/> g. 13-13-13 |
| <input type="checkbox"/> 2. PlantaCote® | <input type="checkbox"/> 6. Harrell's | <input type="checkbox"/> b. 19-6-12 | <input type="checkbox"/> h. 18-6-12 |
| <input type="checkbox"/> 3. MultiCote® | <input type="checkbox"/> 7. Polyon® | <input type="checkbox"/> c. 15-9-12 | <input type="checkbox"/> i. 19-5-9 |
| <input type="checkbox"/> 4. Organic | | <input type="checkbox"/> d. 22-5-6 | <input type="checkbox"/> j. 19-5-8 |
| | | <input type="checkbox"/> e. 20-4-8 | <input type="checkbox"/> k. 20-7-10 |
| | | <input type="checkbox"/> f. 20-4-7 | <input type="checkbox"/> l. 18-6-8 |

If other, please list under "Q. Other Comments"

K. CONTROLLED RELEASE FERTILIZER

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> 1. Topdress | <input type="checkbox"/> 2. Incorporate | <input type="checkbox"/> 3. Dibble |
|--------------------------------------|---|------------------------------------|

L. SAMPLE TYPE

- | | |
|--|---|
| <input type="checkbox"/> 1. Routine Analysis | <input type="checkbox"/> 2. Problem Situation |
|--|---|

IF PROBLEM FILL OUT BELOW

M. THIS SAMPLE FROM

- | | |
|--|---|
| <input type="checkbox"/> 1. Non-Affected Plants (Good) | <input type="checkbox"/> 2. Affected Plants (Bad) |
|--|---|

N. SYMPTOM APPEARANCE (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> 1. Chlorosis, Yellowing Leaves | <input type="checkbox"/> 3. Distortion |
| <input type="checkbox"/> 2. Necrosis (Dead areas/Dead Spots) | <input type="checkbox"/> 4. Stunted Plants |

O. WHERE DO SYMPTOMS APPEAR (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> 1. New, Young Growth | <input type="checkbox"/> 3. Old Mature Leaves |
| <input type="checkbox"/> 2. Recently Matured Leaves | <input type="checkbox"/> 4. Other |

P. ROOT SYSTEM STATUS

- | | | |
|----------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 1. Dead | <input type="checkbox"/> 2. Unhealthy | <input type="checkbox"/> 3. Excellent |
|----------------------------------|---------------------------------------|---------------------------------------|

Q. OTHER COMMENTS

PLEASE REMIT \$36.00 FOR EACH SAMPLE