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submitted by: \_\_\_\_\_ account number: \_\_\_\_\_

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city: \_\_\_\_\_

state: \_\_\_\_\_ zip: \_\_\_\_\_

phone: \_\_\_\_\_ fax: \_\_\_\_\_

email: \_\_\_\_\_

I would like to receive my results via:

- fax       mail       email

**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 \_\_\_\_\_

**A. 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. CROP STATUS**

- 1. Plugs
- 2. Rooted Cuttings
- 3. Less than 3 weeks
- 4. More than 3 weeks and up to 12 weeks
- 5. More than 12 weeks and up to 6 months
- 6. More than 6 months

# TISSUE

## SAMPLE SUBMISSION FORM

**D. LEAVES SAMPLED**

- 1. Recently Matured Leaves
- 2. Young/New Leaves
- 3. Old/Mature Leaves
- 4. Other \_\_\_\_\_

**E. SAMPLE TYPE**

- 1. Routine Analysis
- 2. Problem Situation

**Complete questions F-I if you are seeing a problem with crop**

**F. THIS SAMPLE FROM**

- 1. Non-affected Plants (Good)
- 2. Affected Plants (Bad)

**G. SYMPTOM APPEARANCE** (check all that apply)

- 1. Chlorosis, Yellowing Leaves
- 2. Necrosis (Dead areas/Dead spots)
- 3. Distortion
- 4. Stunted Plants

**H. WHERE DO SYMPTOMS APPEAR** (check all that apply)

- 1. New/Young Growth
- 2. Recently Matured Leaves
- 3. Old/Mature Leaves
- 4. Other (stems, bracts, flowers)

**I. ROOT SYSTEM STATUS**

- 1. Dead
- 2. Unhealthy (i.e. some dead root tips)
- 3. Excellent

**J. COMMENTS** \_\_\_\_\_

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