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company name: \_\_\_\_\_

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

address: \_\_\_\_\_

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. SAMPLE TYPE**  1. Soiless Media  2. Field Soil  3. Compost

**C. ANALYSIS TYPE**  1. Full Analysis  2. pH/EC only  3. Other

**D. CROP TYPE**

<input type="checkbox"/> a. Bedding Plant	<input type="checkbox"/> g. Chrysanthemum	<input type="checkbox"/> m. Azalea/Rhododendron
<input type="checkbox"/> b. Herbaceous Perennial	<input type="checkbox"/> h. Poinsettia	<input type="checkbox"/> n. Conifer
<input type="checkbox"/> c. Tropical Foliage	<input type="checkbox"/> i. Cyclamen	<input type="checkbox"/> o. Geranium
<input type="checkbox"/> d. General Ornamental	<input type="checkbox"/> j. Tomato	<input type="checkbox"/> p. New Guinea Impatiens
<input type="checkbox"/> e. Woody Ornamental	<input type="checkbox"/> k. Pansy	<input type="checkbox"/> q. Other _____
<input type="checkbox"/> f. Lily	<input type="checkbox"/> l. Petunia	

**E. 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

**F. MEDIA DETAILS**

<input type="checkbox"/> 1. Sun Gro®	<input type="checkbox"/> 5. Fafard®	<input type="checkbox"/> 10. Hydroponic/Rock Wool
<input type="checkbox"/> 2. Redi-Earth®	<input type="checkbox"/> 6. Pro-Mix®	<input type="checkbox"/> 11. Nursery Bark Mix
<input type="checkbox"/> 3. Frey's Professional®	<input type="checkbox"/> 7. Smithers-Oasis®	<input type="checkbox"/> 12. Own Mix - with soil
<input type="checkbox"/> 4. Jiffy®	<input type="checkbox"/> 8. Berger®	<input type="checkbox"/> 13. Own Mix - no soil

# MEDIA

## SAMPLE SUBMISSION FORM

**G. IRRIGATION METHOD**

1. Top Watering  a. Hose  b. Drip  c. Sprinkler  
 2. Sub-irrigation

**H. FERTILIZATION PROGRAM**

1. Liquid Feed  3. Both 1&2  
 2. Controlled Release Fertilizer  4. Granular

**I. LIQUID FEED FREQUENCY**

1. Every Watering  2. Intermittent - Every \_\_\_ Days/Waterings

**J. 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. 25-5-15  | <input type="checkbox"/> h. 15-15-15    |
| <input type="checkbox"/> 2. Everris Peters®      | <input type="checkbox"/> b. 21-5-20  | <input type="checkbox"/> i. 15-5-15     |
| <input type="checkbox"/> 3. Masterblend®         | <input type="checkbox"/> c. 20-20-20 | <input type="checkbox"/> j. 15-0-15     |
| <input type="checkbox"/> 4. Plantex®             | <input type="checkbox"/> d. 20-10-20 | <input type="checkbox"/> k. 17-4-17     |
| <input type="checkbox"/> 5. Plant Marvel®        | <input type="checkbox"/> e. 20-8-20  | <input type="checkbox"/> l. 13-2-13     |
| <input type="checkbox"/> 6. Other: _____         | <input type="checkbox"/> f. 20-3-19  | <input type="checkbox"/> m. 5-12-26     |
|  | <input type="checkbox"/> g. 17-4-17  | <input type="checkbox"/> n. other _____ |

**K. CONTROLLED RELEASE FERTILIZER**

1. Topdress  2. Incorporate

**IF PROBLEM - FILL OUT BELOW**

**L. THIS SAMPLE FROM**

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

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

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

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

1. New, Young Growth  3. Old Mature Leaves  
 2. Recently Matured Leaves  4. Other

**O. ROOT SYSTEM STATUS**

1. Dead  2. Unhealthy  3. Excellent

**P. COMMENTS** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_