

FORESTRY RESEARCH – LIST OF FOLIAR SAMPLES SUBMITTED

Senders name address and Telephone/Fax Number:

..... Date collected:.....
 Date dispatched:.....
 Date received:.....
 Deadline Date for results:...../200.....
 Fertilizer prescription(s) needed: Yes No E-mail address:.....

Analysis required	N,	P,	K,	Mg,	Ca,	Cu,	Zn,	Fe,	Mn,	Al,
(Circle required item)	others									

Yr:*	Forest	Expt/ Compt	P.Yr	Sps	Blk	Treatment/Code	Storage Code *	
								1
								2
								3
								4
								5
								6
								7
								8
								9
								10
								11
								12
								13
								14
								15
								16
								17
								18
								19
								20

*LIMS USE Methods selected to complete analysis are:-.....

Test event to be entered: **Folder ID**

Work registered: //200 by:

*Alice Holt use only P.Yr = Planting Year Blk=Block Sps=Species