

STANDARD PLANT ANALYTICAL REQUEST FORM

NMSU – SWAT LABORATORY
 PGEL Building – West Door, Box 30003
 Las Cruces, NM 88003

Lab No.

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| | | | |
|---|---|---|--|
| User Code#: _____ - _____ | Date Received: _____ | Priority Code #: [] | (If "1" or "2" call SWAT Coordinator) |
| Facility Name: _____ | County: _____ | City: _____ | State: _____ |
| Sample Location: _____ | | | |
| Collected By: _____ | | On: ____/____/____ | At: ____:____ hrs. |
| By: First _____ and Last name _____ | | Phone #: _____ | Date: (MM/DD/YY) _____ Time: 24 hour clock |
| Sampling Information | | List of Sample ID numbers: | |
| Report Name To: _____ | Phone #: _____ | _____ | _____ |
| Address | | _____ | _____ |
| _____ | | _____ | _____ |
| City, State Zip | | _____ | _____ |
| Stage of Growth: | | Particular reason for testing: | |
| <input type="checkbox"/> – 1/10 Bloom <input type="checkbox"/> – First Squares <input type="checkbox"/> – Midseason <input type="checkbox"/> – Late <input type="checkbox"/> – Other: _____ | | _____ _____ _____ | |
| Plant Part: | | Preservation: | |
| <input type="checkbox"/> – Petiole <input type="checkbox"/> – Whole Plant <input type="checkbox"/> – Stem <input type="checkbox"/> – Leaf <input type="checkbox"/> – Roots | | <input type="checkbox"/> – Plant Washed (before drying) <input type="checkbox"/> – Plant Not Washed <input type="checkbox"/> – Plant iced <input type="checkbox"/> – Plant Dried at 60 degrees C | |
| Analyses Requested: Please check the appropriate box(es) below to make an analytical request. Additional individual analytes may be added on to group requests by checking additional request boxes. | | | |
| <input type="checkbox"/> Plant Macro & Micro Nutrient Package: Aluminum Boron Calcium Copper Iron Magnesium Manganese Phosphorus Potassium Sodium Sulfur Zinc | <input type="checkbox"/> Pecan Nutrient Package: Total Kjeldahl Nitrogen Phosphorus Potassium (whole leaves) | <input type="checkbox"/> Chile Nutrient Package: Nitrate Nitrogen Phosphorus Potassium (petioles) | <input type="checkbox"/> Ala Carte Plant Analyses: <input type="checkbox"/> Total Kjeldahl Nitrogen <input type="checkbox"/> Nitrate Nitrogen <input type="checkbox"/> Molybdenum <input type="checkbox"/> Nickel <input type="checkbox"/> Arsenic <input type="checkbox"/> Barium <input type="checkbox"/> Cadmium <input type="checkbox"/> Chromium <input type="checkbox"/> Lead <input type="checkbox"/> Selenium |
| <input type="checkbox"/> Aluminum <input type="checkbox"/> Boron <input type="checkbox"/> Calcium <input type="checkbox"/> Copper <input type="checkbox"/> Iron <input type="checkbox"/> Magnesium <input type="checkbox"/> Manganese <input type="checkbox"/> Phosphorus <input type="checkbox"/> Potassium <input type="checkbox"/> Sodium <input type="checkbox"/> Sulfur <input type="checkbox"/> Zinc | | | |
| Remarks: | | | |
| | | | |
| | | | |
| Sample submitter is responsible for hazardous material disclosure and hazardous sample disposal. Acknowledged _____ | | | |

SWAT 0501-PLT

USE ONLY WHEN NECESSARY

Chain-Of-Custody

I certify that this sample was transferred from _____ to _____

at (location) _____ on _____ at _____
Date Time

Evidentiary Seals: - None OR Seals Intact -Yes - No

Signatures _____

and from (if applicable) _____ to _____

at (location) _____ on _____ at _____
Date Time

Evidentiary Seals: - None OR Seals Intact -Yes - No

Signatures _____