FRUIT TISSUE INFORMATION SHEET

Mail to: MSU Soil and Plant Nutrient Lab
A81 Plant and Soil Sciences Building
East Lansing, MI 48824-1325
517/355-0218

Grower Name:
_____

Street
Address:_____

City:_____ State: _____ Zip: _____
County:_____

Analysis desired: Complete w/N:_____ Complete w/out N:_____ N alone: _____

Paid: _____ Amount: _____ Check Number: _____

Charge client: _____ Charge county: _____

Results are sent to a MSU Extension District Horticultural Educator to be interpreted and forwarded to the grower

Sample I.D.	**Fruit Crop**	**Variety**	**Plant Age**	**Lab ID**

Jb:forms/fruittissue06