Grotek Analytical Lab
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Plant Tissue Submission Form

Submitted By	
Company Name:	
Contact Name:	
Address:	
Province:	Postal Code:
Phone:	Fax:
Email:	

Method of Payment	
☐ Cash:	
☐ Cheque:	
☐ Account:	P/O #:
☐ Visa/M/C#:	
Expiry Date:	
Signature:	

Sample ID	Lab ID (For Office Use)	Time	Plant Age	Stage of Growth	Colour	Growth (G-Good, P-Poor, F-Fast, S-Stunted)	Insect Damage

Explanation of Test Packages	
Please add 7% GST (Canadian orders only). Please enclose payment.	
☐ GROP1	TN/NO_3-N
☐ GROP2	Cu, Fe, Mn, Zn
☐ GROP3	N, P, K, S, Ca, Mg, Na
☐ GROP4	TN/NO_3-N, P, K, S, Ca, Mg, Na, Zn, Cu, Fe, Mn, B
☐ Other:	

Additional Information
Date Sent:
Date Received:
Name of Technician:
☐ Please fax a copy of the analysis to:
☐ Please email a copy of the analysis to:

Comments: _____

(If additional instructions, or information is required, please record on a separate sheet)

☐ Additional Sheet(s) Attached

GROTEK SCIENCE FOR PLANTS

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