

GRID WORKSHEET

please fill out sheet with computer by selecting appropriate box

DEALER #		DATE SENT
GROWER NAME		DATE RECEIVED
TEST #	TOTAL NUMBER OF SAMPLES	
FIELD ID OR CODE #		
CROP	YIELD GOAL	
PAST CROP	<input type="checkbox"/> IRRIGATION	<input type="checkbox"/> DRYLAND

DETAILS

PROCEDURE FOR PHOSPHORUS REQUESTED

CHECK ONE

- P₀₄ BICARB
- P₀₄ BRAY 1
- P₀₄ MEH. 3
- P₀₄ AB-DTPA
- P₀₄ M. MORG.



FILL OUT FORM COMPLETELY AND SUBMIT WITH GRID (VRT) SAMPLES TO:

WESTERN LABORATORIES

Hwy. 95 • P.O. Box 1020 • Parma, Idaho 83660