

ARL Plant Mineral Analysis Request Form Surname:_____Customer Number (if applicable):_____ Initials: Farm Location: Company/Farm name: _____ Postal Address: ___ Email:___ Please tick if you would like email notification of when your results are available through My Ravensdown Mobile: **Results to:** Client ✓ Consultant □ Merchant Charge to: Client ☐ Consultant ☐ Purchase Order Number: _____ Consultant/Merchant address: Sample information (please note all fields outlined must be filled out) 1 2 3 Sample Name Crop (e.g. pasture, maize, apple) Part Sampled (e.g. leaf, petiole, stem, fruit, whole plant) Dairy Dairy Farm Type (if crop is pasture, specify farm type as this will affect the Sheep/Beef Sheep/Beef Sheep/Beef Sheep/Beef optimums supplied) Deer Deer Deer Deer Other Other Other Other **Growth Stage** (e.g. seedling, flowering, grain Set, mature) Soil group (sedimentary, ash, pumice, peat) Normal Normal Normal **Appearance** (important to identify general health of tissue) Abnormal **Abnormal Abnormal** Abnormal **Mineral Analysis Basic Plant Analysis** (N, P, K, S, Mg, Ca, Na, Fe Cu, Zn, Mn, B) Standard Plant Analysis (Basic Plant Analysis + Co, Se, Mo) Clover/Brassica/Legume Analysis (Basic Plant Analysis + Mo) Comprehensive Pasture Analysis (Standard Pasture Analysis on whole sample +Clover analysis on clover only in sample) Plant Petiole Analysis (Basic Plant Analysis + NO₃-N) Potato Petiole Analysis (P, K, Mg, NO_3-N) Specific Crop Package – please specify (grape berry, apple fruitlet, kiwifruit mineral analysis) Urgent Nitrate-Nitrogen Analysis – for animal toxicity **Extra Tests required** Chloride lodine Carbon Nitrate-Nitrogen (plant health) Heavy Metals (Al, As, Cd, Cr, Pb, Ni) DCAD (Dietary cation-anion difference by wet chemistry) **REFER OVER PAGE FOR FEED ANALYSIS** Other instructions: Declaration: I certify details provided are correct and agree to Ravensdown Limited's Terms of Trade (please refer to ravensdown.co.nz/terms-of-trade). Signed: Date:



Initials: Surname: Customer Number (if applicable):	
Postal Address:	
Phone:	
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Mobile: Please tick if you would like email notification of when your results are available through My Raver Results to: Client	
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Other instructions:	
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Signed:

Date: