FRUIT TISSUE INFORMATION SHEET

Mail to: **MSU Soil and Plant Nutrient Laboratory**
A81 Plant and Soil Sciences Building
East Lansing, MI 48824-1325

Grower Name:_____

Street Address:_____

City: _____ **Zip:** _____

State: _____ **County:** _____

Analysis desired: Complete w/N: _____ **Complete w/out N:** _____ **N Alone:** ____

Paid: _____ **Amount:** _____ **Check Number:** _____

Charge client: _____ **Charge county:** _____

Sample ID	Fruit Crop	Variety	Plant Age	Lab ID