

Nutrient Advantage Advice[®]

Tissue Crop Form

8 South Rd, Werribee VIC 3030 Free-call 1800 803 453



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SECTION 1: CUSTOMER DETAILS

User Id Number:	<input type="text"/>	User Name:	<input type="text"/>
Acc No:	<input type="text"/>	Account Name:	<input type="text"/>
Grower No:	<input type="text"/>	Grower Name:	<input type="text"/>
Grower Address:	<input type="text"/>	State:	<input type="text"/>
Nearest Town:	<input type="text"/>	Cust Order Number:	<input type="text"/>
Contact:	<input type="text"/>	Phone Number:	<input type="text"/>
Agent/dealer Id:	<input type="text"/>	Agent /Dealer Name:	<input type="text"/>
		Agent Sampling Fee	\$ <input type="text"/> per sample

SECTION 2: SAMPLING INFORMATION

Sample Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Barcode - place here	Barcode - place here	Barcode - place here
Test Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Paddock name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Paddock size:	<input type="text"/> (ha)	<input type="text"/> (ha)	<input type="text"/> (ha)
Sample Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sample depth:	<input type="text"/> to <input type="text"/> cm	<input type="text"/> to <input type="text"/> cm	<input type="text"/> to <input type="text"/> cm
Sampling Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Ave annual rainfall:	<input type="text"/> mm	<input type="text"/> mm	<input type="text"/> mm
GPS Northing:	<input type="text"/>	<input type="text"/>	<input type="text"/>
GPS Easting:	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3: FERTILISER RECOMMENDATIONS REQUIRED (Recommendation Fees may apply in addition to analytical fees)

Do you require a Fertiliser Recommendation: NO YES If "Yes" please fill in the industry information on the back of this form

Industry Type: Cropping If no information is provided then you will receive results only

SECTION 4: CROPPING DETAILS

BARCODE NUMBER:

Crop Type:

Variety:

Expected Yield : t/ha or t/ac
OR cotton or bales/ha

Expected Protein (%):(if applicable)

Date of Sowing / /

Growing seasonal rainfall mm

Plant appearance: Healthy Unhealthy

If unhealthy, are symptoms present on:

New leaves old leaves Stem/Sheath

Description of symptoms if unhealthy plants

Plant Growth Stage

<i>Cereal:</i>	<input type="checkbox"/>	<i>Legumes/grain legumes/oilseeds:</i>	<input type="checkbox"/>
Seedling	<input type="checkbox"/>	Seedling	<input type="checkbox"/>
Early tillering	<input type="checkbox"/>	Mid-vegetative	<input type="checkbox"/>
Mid-tillering	<input type="checkbox"/>	Late vegetative	<input type="checkbox"/>
Late tillering	<input type="checkbox"/>	Pre-flowering	<input type="checkbox"/>
Stem elongation (jointing)	<input type="checkbox"/>	Flowering	<input type="checkbox"/>
Flowering	<input type="checkbox"/>	Other	<input type="text"/>
Grain filling	<input type="checkbox"/>		
Other	<input type="text"/>		

Cotton:

Late Squaring

Early Flowering

Mid Flowering

Other

Plant part sampled (refer to sampling guide):

Youngest emerged blade (YEB) cereals

Youngest open leaf (YOL) legumes/oilseeds

Whole tops

Grain/seed

Other

SECTION 5: CROPPING DETAILS

BARCODE NUMBER:

Crop Type:

Variety:

Expected Yield : t/ha or t/ac
OR cotton or bales/ha

Expected Protein (%):(if applicable)

Date of Sowing / /

Growing seasonal rainfall mm

Plant appearance: Healthy Unhealthy

If unhealthy, are symptoms present on:

New leaves old leaves Stem/Sheath

Description of symptoms if unhealthy plants

Plant Growth Stage

<i>Cereal:</i>	<input type="checkbox"/>	<i>Legumes/grain legumes/oilseeds:</i>	<input type="checkbox"/>
Seedling	<input type="checkbox"/>	Seedling	<input type="checkbox"/>
Early tillering	<input type="checkbox"/>	Mid-vegetative	<input type="checkbox"/>
Mid-tillering	<input type="checkbox"/>	Late vegetative	<input type="checkbox"/>
Late tillering	<input type="checkbox"/>	Pre-flowering	<input type="checkbox"/>
Stem elongation (jointing)	<input type="checkbox"/>	Flowering	<input type="checkbox"/>
Flowering	<input type="checkbox"/>	Other	<input type="text"/>
Grain filling	<input type="checkbox"/>		
Other	<input type="text"/>		

Cotton:

Late Squaring

Early Flowering

Mid Flowering

Other

Plant part sampled (refer to sampling guide):

Youngest emerged blade (YEB) cereals

Youngest open leaf (YOL) legumes/oilseeds

Whole tops

Grain/seed

Other

SECTION 6: CROPPING DETAILS

BARCODE NUMBER:

Crop Type:

Variety:

Expected Yield : t/ha or t/ac
OR cotton or bales/ha

Expected Protein (%):(if applicable)

Date of Sowing / /

Growing seasonal rainfall mm

Plant appearance: Healthy Unhealthy

If unhealthy, are symptoms present on:

New leaves old leaves Stem/Sheath

Description of symptoms if unhealthy plants

Plant Growth Stage

<i>Cereal:</i>	<input type="checkbox"/>	<i>Legumes/grain legumes/oilseeds:</i>	<input type="checkbox"/>
Seedling	<input type="checkbox"/>	Seedling	<input type="checkbox"/>
Early tillering	<input type="checkbox"/>	Mid-vegetative	<input type="checkbox"/>
Mid-tillering	<input type="checkbox"/>	Late vegetative	<input type="checkbox"/>
Late tillering	<input type="checkbox"/>	Pre-flowering	<input type="checkbox"/>
Stem elongation (jointing)	<input type="checkbox"/>	Flowering	<input type="checkbox"/>
Flowering	<input type="checkbox"/>	Other	<input type="text"/>
Grain filling	<input type="checkbox"/>		
Other	<input type="text"/>		

Cotton:

Late Squaring

Early Flowering

Mid Flowering

Other

Plant part sampled (refer to sampling guide):

Youngest emerged blade (YEB) cereals

Youngest open leaf (YOL) legumes/oilseeds

Whole tops

Grain/seed

Other