

Nutrient Advantage Advice[®]

Tissue Pasture 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: Pasture If no information is provided then you will receive results only

SECTION 4: PASTURE DETAILS**BARCODE NUMBER:** **Crop Type** **Variety** _____**Plant appearance:** Healthy Unhealthy *If unhealthy, are symptoms present on:*Old leaves New leaves Stem / sheath **Description of symptoms if unhealthy plants**_____
_____**Grasses:****Plant growth stage** Seedling
Mid-tillering
Late tillering
Stem elongation (jointing)
Other (Please specify) _____**Plant part sampled** Youngest Emerged Blade (YEB)
Petiole Whole Tops
Youngest Open Leaf (YOL)
Other (Please specify) _____**Legumes:****Plant growth stage** Seedling
Mid-vegetative
Pre-flowering
Flowering
Other (Please specify) _____**Plant part sampled** Youngest open leaf (YOL)
Whole tops **Irrigation** Yes No **SECTION 5: PASTURE DETAILS****BARCODE NUMBER:** **Crop Type** **Variety** _____**Plant appearance:** Healthy Unhealthy *If unhealthy, are symptoms present on:*Old leaves New leaves Stem / sheath **Description of symptoms if unhealthy plants**_____
_____**Grasses:****Plant growth stage** : Seedling
Mid-tillering
Late tillering
Stem elongation (jointing)
Other (Please specify) _____**Plant part sampled** Youngest Emerged Blade (YEB)
Petiole Whole Tops
Youngest Open Leaf (YOL)
Other (Please specify) _____**Legumes:****Plant growth stage** Seedling
Mid-vegetative
Pre-flowering
Flowering
Other (Please specify) _____**Plant part sampled** Youngest open leaf (YOL)
Whole tops **Irrigation** Yes No **SECTION 6: PASTURE DETAILS****BARCODE NUMBER:** **Crop Type** **Variety** _____**Plant appearance:** Healthy Unhealthy *If unhealthy, are symptoms present on:*Old leaves New leaves Stem / sheath **Description of symptoms if unhealthy plants**_____
_____**Grasses:****Plant growth stage** Seedling
Mid-tillering
Late tillering
Stem elongation (jointing)
Other (Please specify) _____**Plant part sampled** Youngest Emerged Blade (YEB)
Petiole Whole Tops
Youngest Open Leaf (YOL)
Other (Please specify) _____**Legumes:****Plant growth stage** Seedling
Mid-vegetative
Pre-flowering
Flowering
Other (Please specify) _____**Plant part sampled** Youngest open leaf (YOL)
Whole tops **Irrigation** Yes No