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SECTION 1: ACCOUNT DETAILS

NAA User Id:	<input type="text"/>	User Name:	<input type="text"/>
IPL Acc No:	<input type="text"/>	Account Name:	<input type="text"/>
Grower No:	<input type="text"/>	Grower Name:	<input type="text"/>
Nearest Town:	<input type="text"/>	Grower Address:	<input type="text"/>
Agent Id:	<input type="text"/>	State:	<input type="text"/>
Contact:	<input type="text"/>	P/Code:	<input type="text"/>
		Agent Name:	<input type="text"/>
		Agent Sampling Fee:	\$ <input type="text"/> per sample
		Phone Number:	<input type="text"/>
		Purchase Order No:	<input type="text"/>

SECTION 2: SAMPLE DETAILS

This Form is for	Sample Type: Tissue	Industry Type: Cropping	Kit Type: TC
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 Number:	A <input type="text"/> Barcode - place here	B <input type="text"/> Barcode - place here	C <input type="text"/> Barcode - place here
Sample Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>
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
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"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
GPS Easting:	<input type="text"/> . <input type="text"/>	<input type="text"/> . <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

Caution if no information is provided on the back of the form you will receive a Results only report.

SECTION4: CROPPING DETAILS

SAMPLE A

Crop Type:

Variety: _____

Expected Yield : t/ha or t/ac

OR cotton or bales/ha

Expected Protein: %

Date of Sowing / /

Season 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

Cereal:	Legumes/oilseeds:	Cotton:
Seedling <input type="checkbox"/>	Seedling <input type="checkbox"/>	Late Squaring <input type="checkbox"/>
Early tillering <input type="checkbox"/>	Mid-vegetative <input type="checkbox"/>	Early Flowering <input type="checkbox"/>
Mid-tillering <input type="checkbox"/>	Late vegetative <input type="checkbox"/>	Mid Flowering <input type="checkbox"/>
Late tillering <input type="checkbox"/>	Pre-flowering <input type="checkbox"/>	
Stem elongation <input type="checkbox"/>	Flowering <input type="checkbox"/>	
Flowering <input type="checkbox"/>		
Grain filling <input type="checkbox"/>		
Other _____		

Plant part sampled (refer to sampling guide):

Youngest emerged blade (YEB) cereals

Youngest open leaf (YOL) legumes/oilseeds

Whole tops

Grain/seed

Other _____

SAMPLE B

Crop Type:

Variety: _____

Expected Yield : t/ha or t/ac

OR cotton or bales/ha

Expected Protein: %

Date of Sowing / /

Season 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

Cereal:	Legumes/oilseeds:	Cotton:
Seedling <input type="checkbox"/>	Seedling <input type="checkbox"/>	Late Squaring <input type="checkbox"/>
Early tillering <input type="checkbox"/>	Mid-vegetative <input type="checkbox"/>	Early Flowering <input type="checkbox"/>
Mid-tillering <input type="checkbox"/>	Late vegetative <input type="checkbox"/>	Mid Flowering <input type="checkbox"/>
Late tillering <input type="checkbox"/>	Pre-flowering <input type="checkbox"/>	
Stem elongation <input type="checkbox"/>	Flowering <input type="checkbox"/>	
Flowering <input type="checkbox"/>		
Grain filling <input type="checkbox"/>		
Other _____		

Plant part sampled (refer to sampling guide):

Youngest emerged blade (YEB) cereals

Youngest open leaf (YOL) legumes/oilseeds

Whole tops

Grain/seed

Other _____

SAMPLE C

Crop Type:

Variety: _____

Expected Yield : t/ha or t/ac

OR cotton or bales/ha

Expected Protein: %

Date of Sowing / /

Season 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

Cereal:	Legumes/oilseeds:	Cotton:
Seedling <input type="checkbox"/>	Seedling <input type="checkbox"/>	Late Squaring <input type="checkbox"/>
Early tillering <input type="checkbox"/>	Mid-vegetative <input type="checkbox"/>	Early Flowering <input type="checkbox"/>
Mid-tillering <input type="checkbox"/>	Late vegetative <input type="checkbox"/>	Mid Flowering <input type="checkbox"/>
Late tillering <input type="checkbox"/>	Pre-flowering <input type="checkbox"/>	
Stem elongation <input type="checkbox"/>	Flowering <input type="checkbox"/>	
Flowering <input type="checkbox"/>		
Grain filling <input type="checkbox"/>		
Other _____		

Plant part sampled (refer to sampling guide):

Youngest emerged blade (YEB) cereals

Youngest open leaf (YOL) legumes/oilseeds

Whole tops

Grain/seed

Other _____