



Central Analytical Services Laboratory

PhilRootcrops Complex, Visayas State University

Visca, Baybay City, Leyte 6521-A PHILIPPINES

Telefax No. 63 053 335-2616; Tel. No. 63 053 563-7229

TISSUE TEST REQUEST FORM

NAME: _____ DATE: _____

CAMPUS ADDRESS: _____ PHONE: _____

(Off-campus researchers, please list complete mailing address on back of form)

OCCUPATION: _____ AGENCY: _____

ACCOUNT TO BE BILLED: _____ DEPT. TO BE BILLED: _____

TOTAL NUMBER OF SAMPLES _____

Sample Identification

Crops

*Stage of growth***

Please use additional sheets for more samples

CIRCLE if excess sample needs to be saved: **NO** **YES** (Note: Please make arrangements to collect samples within three months of receipt of data, as we have inadequate space available for long-term storage).

CHECK DESIRED TESTS

Routine * -----(P500.00/sample) K, Ca, Mg, Na -- (P200.00/element)

Total Nitrogen --(P150.00/sample) Fe, Mn, Cu, Zn – (P200.00/element)

Total P -----(P200.00/sample) Cd, Ni, Pb, ----- (200.00/element)

Ash ----- (P75.00/sample) Sugar & Starch --- (P200.00/sample)

Fiber ----- (P150.00/sample) Others (please specify) -----

Crude Fat ----- (P100.00/sample)

* Routine test: Includes total N, P, and K

** Stage of Growth: (seedling, vegetative, flowering, or fruiting)

Amount Due: _____

Remarks: _____