

# Yard & Garden Solutions



## NDSU Soil Testing Laboratory NDSU Plant Diagnostic Laboratory

www.ag.ndsu.nodak.edu/diaglab  
diaglab@ndsuext.nodak.edu

**FOR OFFICE USE ONLY**

Rec \_\_\_\_\_  
Sample # \_\_\_\_\_  
Source \_\_\_\_\_  
Charge \_\_\_\_\_

**SERVICES REQUESTED:**

**Lawn or other plant**

- Routine diagnosis
- Identification
  - Plant
  - Insect
  - Other

**Soil**

- Routine soil check
  - Nitrogen
  - Phosphorus
  - Potassium
  - pH
  - Soluble salt
  - Organic matter
- Sulfur
- Zinc
- Iron
- Copper
- Manganese
- Chloride

To properly diagnose a problem or make a fertilizer recommendation, the soil should be tested for nitrate-nitrogen, phosphorus, potassium, organic material, pH and salts. The cost of analyzing for these elements is \$15.00 per sample. If you desire more intensive testing, we will be happy to help you, but there will be additional costs.

<input type="checkbox"/> Send results  <input type="checkbox"/> Bill to	Business Name _____	Phone (____) _____
	Your name _____	Fax (____) _____
	Address _____	E-mail _____
	City _____ County _____	State _____ Zip _____

<input type="checkbox"/> Send results  <input type="checkbox"/> Bill to	Grower's name (if different than above)	
	Business Name _____	Phone (____) _____
	Your name _____	Fax (____) _____
	Address _____	E-mail _____
City _____ County _____	State _____ Zip _____	

**BACKGROUND INFORMATION**

This soil sample was taken from a:  Lawn  Flower garden  
 (soil samples only)  Vegetable garden  Other

Specific flower/vegetable for which a recommendation is requested: \_\_\_\_\_

The sampled area receives:  Full sun  Partial sun  Shade  
 (Both sample types)

The sampled area is:  Well drained  Poorly drained  
 (Both sample types)

## Additional Information for Plant Disease Samples

---

Symptoms first appeared in: (circle one)    recent days    recent weeks    recent months

---

Distribution (circle all that apply)

Size of planting \_\_\_\_\_

scattered plants	lower leaves	upland
groups of plants	upper leaves	slopes
most of field or planting	random leaves	low areas
no association with terrain		

---

Weather conditions prior to development of symptoms (indicate above normal, normal or below normal for each condition)

Temperature \_\_\_\_\_ Rainfall \_\_\_\_\_ Humidity \_\_\_\_\_ Wind \_\_\_\_\_

---

Chemicals applied to plant or area (if applicable)

Fertilizer \_\_\_\_\_

Date applied \_\_\_\_/\_\_\_\_/\_\_\_\_      Rate applied \_\_\_\_\_

Herbicide \_\_\_\_\_

Date applied \_\_\_\_/\_\_\_\_/\_\_\_\_      Rate applied \_\_\_\_\_

Was a herbicide used the previous year?     No     Yes    If so, what was used? \_\_\_\_\_

Insecticide \_\_\_\_\_

Date applied \_\_\_\_/\_\_\_\_/\_\_\_\_      Rate applied \_\_\_\_\_

Fungicide \_\_\_\_\_

Date applied \_\_\_\_/\_\_\_\_/\_\_\_\_      Rate applied \_\_\_\_\_

---

**Additional comments** (PLEASE NOTE: The more information provided, the better we can diagnose the problem.

Tell us in your own words as much as you can about the problem. Anything you feel may be important such as appearance of the growing plants, fruit set, or problems with the soil. Any information will aid in diagnosing a problem. PLEASE PRINT.)

---

---

---

---

---

---

---

---