

Cornell Cooperative Extension Lake Ontario Fruit Program

in Monroe, Niagara, Orleans, Oswego,
and Wayne Counties

***To fill out form and submit, you must
use Internet Explorer -OR- save the form
and open with Adobe Acrobat Reader***

SAP Analysis Submission Form

CONTACT INFORMATION

Farm Name _____
Name _____
Address _____
City _____ State _____ Zip _____

Phone _____ Cell _____
Email 1 _____
Email 2 _____
Number of Blocks Sampled for Analysis _____

SAMPLE INFORMATION please write or check box or dropdown option for each block sampled

To ensure sample is processed include on each sample bag FARM NAME, GROWER NAME, BLOCK NAME, CELL/EMAIL, & SAMPLING DATE

Block Name _____

Date Sampled _____ Orchard Age _____

Grafted no yes if yes grafted over

Rootstock please choose from drop down list

If other please list _____

Strain please choose from drop down list

Soil Type please choose from drop down list

Soil pH please choose from drop down list

Bitter Pit History please choose from drop down list

Hand Thinned at time of fruitlet collection no yes

Irrigated no yes Year on off

2020 Crop Load please choose from drop down list

2020 Calcium Program no yes

if yes please list the number of sprays _____

***To fill out form and submit,
you must use Internet Explorer
-OR- save the form and open
with Adobe Acrobat Reader***

For sampling questions please contact Mario Miranda Sazo mrm67@cornell.edu or 315-719-1318

PAYMENT INFORMATION

\$15 per sample

please select from the following payment options

___ Invoice for number of samples submitted ___ x \$15/sample = _____

___ Pay Online https://lof.cce.cornell.edu/event_preregistration_new.php?id=1445

For payment questions please contact Craig Kahlke cjk37@cornell.edu or 585-735-5448



Cornell University