

# MEDIA SAMPLE QUESTIONNAIRE

Information Number: \_\_\_\_\_

- 
- 
- Media Analysis Package: includes the following tests**  
Soluble Salts (EC), pH, Nitrate, Ammonium, Phosphorus, Potassium,  
Calcium, Magnesium, Sulfur, Boron, Iron, Manganese, Copper Zinc,  
Molybdenum, Aluminum, Sodium, and Chloride.

- Simple Laboratory Test: includes**  
Soluble Salts (EC) and media pH. *(if this package is desired please check box)*

**A. Please indicate your sample I.D. code/number:** \_\_\_\_\_  
**(Maximum 20 characters.)**

Date sample was taken: \_\_\_\_\_

- B. CROP TYPE:**       1. Greenhouse       2. Nursery
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> a. Bedding Plants     | <input type="checkbox"/> g. Mum        | <input type="checkbox"/> m. Rhododendron   |
| <input type="checkbox"/> b. Cucumber           | <input type="checkbox"/> h. Poinsettia | <input type="checkbox"/> n. Conifer        |
| <input type="checkbox"/> c. Foliage            | <input type="checkbox"/> i. Tobacco    | <input type="checkbox"/> o. Deciduous Tree |
| <input type="checkbox"/> d. General Ornamental | <input type="checkbox"/> j. Tomato     | <input type="checkbox"/> p. Perennial      |
| <input type="checkbox"/> e. Geranium           | <input type="checkbox"/> k. Rose       | <input type="checkbox"/> q. Acer (Maple)   |
| <input type="checkbox"/> f. Lily               | <input type="checkbox"/> l. Azalea     | <input type="checkbox"/> r. Quercus (Oak)  |

**C. (OPTIONAL) VARIETY** \_\_\_\_\_

- D. CROP STATUS**
- |  |   |
|--|---|
| <input type="checkbox"/> 1. Unplanted/Unused Media | <input type="checkbox"/> 4. More than 3 weeks and up to 12 weeks  |
| <input type="checkbox"/> 2. Plugs/Cuttings         | <input type="checkbox"/> 5. More than 12 weeks and up to 6 months |
| <input type="checkbox"/> 3. Less than 3 weeks      | <input type="checkbox"/> 6. More than 6 months                    |

- E. MEDIA TYPE**
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 1. Metro Mix®      | <input type="checkbox"/> 6. Pro-Mix®            | <input type="checkbox"/> 10. Own Mix - no soil     |
| <input type="checkbox"/> 2. Redi-Earth®     | <input type="checkbox"/> 7. Berger              | <input type="checkbox"/> 11. Hyponex® Professional |
| <input type="checkbox"/> 3. CustomBlen®Bale | <input type="checkbox"/> 8. Michigan Peat®      | Potting Soil                                       |
| <input type="checkbox"/> 4. Sunshine®       | <input type="checkbox"/> 9. Own Mix - with soil |  |
| <input type="checkbox"/> 5. Fafard®         |   |  |

*If other, please list under "Q. Other Comments"*

- F. IRRIGATION METHOD**
- |   |                                  |                                  |                                       |
|---|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 1. Top Watering  | <input type="checkbox"/> a. Hose | <input type="checkbox"/> b. Drip | <input type="checkbox"/> c. Sprinkler |
| <input type="checkbox"/> 2. Subirrigation |                                  |                                  |                                       |

- G. FERTILIZATION PROGRAM**
- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> 1. Liquid Feed                   | <input type="checkbox"/> 3. Both 1&2 |
| <input type="checkbox"/> 2. Controlled Release Fertilizer | <input type="checkbox"/> 4. Granular |

**H. LIQUID FEED FREQUENCY**

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Every Watering | <input type="checkbox"/> 2. Intermittent - Every _____ Days/Waterings |
|--|---|

**i. LIQUID FEED SPECIFICS (Select brand and formulation.**

**For example: Peters 20-20-20 = 1.a.)**

- |  |                                      |                                     |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1. Peters® Professional | <input type="checkbox"/> a. 20-20-20 | <input type="checkbox"/> j. 20-9-20 |
| <input type="checkbox"/> 2. Peters®EXCEL         | <input type="checkbox"/> b. 20-10-20 | <input type="checkbox"/> k. 17-5-19 |
| <input type="checkbox"/> 3. Masterblend®         | <input type="checkbox"/> c. 15-16-17 | <input type="checkbox"/> l. 14-0-14 |
| <input type="checkbox"/> 4. Plantex®             | <input type="checkbox"/> d. 15-15-15 | <input type="checkbox"/> m. 13-2-13 |
| <input type="checkbox"/> 5. Technigro®           | <input type="checkbox"/> e. 15-0-15  | <input type="checkbox"/> n. 21-7-7  |
| <input type="checkbox"/> 6. Millers®             | <input type="checkbox"/> f. 21-5-20  |                                     |
| <input type="checkbox"/> 7. Plant Marvel®        | <input type="checkbox"/> g. 20-5-19  |                                     |
| <input type="checkbox"/> 8. Total Gro®           | <input type="checkbox"/> h. 15-5-15  |                                     |
| <input type="checkbox"/> 9. GreenCare®           | <input type="checkbox"/> i. 21-0-20  |                                     |
| <input type="checkbox"/> 10. Romeo               |                                      |                                     |

*If other, please list under "Q. Other Comments."*

**j. CONTROLLED RELEASE FERTILIZER SPECIFICS (Select brand and formulation. For example: Osmocote 14-14-14 = 1.a)**

- |  |   |                                      |                                     |
|--|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1. Osmocote®        | <input type="checkbox"/> 5. Nutricote®      | <input type="checkbox"/> a. 14-14-14 | <input type="checkbox"/> g. 18-6-8  |
| <input type="checkbox"/> 2. Osmocote Pro®    | <input type="checkbox"/> 6. Poly-On®/Wilbro | <input type="checkbox"/> b. 15-10-10 | <input type="checkbox"/> h. 18-6-12 |
| <input type="checkbox"/> 3. Osmocote Plus®   | <input type="checkbox"/> 7. Multicote       | <input type="checkbox"/> c. 16-10-10 | <input type="checkbox"/> i. 20-3-10 |
| <input type="checkbox"/> 4. Poly S® Topdress | <input type="checkbox"/> 8. Apex            | <input type="checkbox"/> d. 17-3-6   | <input type="checkbox"/> j. 20-3-11 |
|  | Fert & Minors                               | <input type="checkbox"/> e. 17-6-10  | <input type="checkbox"/> k. 20-4-11 |
|  |   | <input type="checkbox"/> f. 18-3-6   | <input type="checkbox"/> l. 24-7-8  |

*If other, please list under "Q. Other Comments."*

**K. CONTROLLED RELEASE FERTILIZER**

- |                                      |   |                                    |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> 1. Topdress | <input type="checkbox"/> 2. Incorporate | <input type="checkbox"/> 3. Dibble |
|--------------------------------------|---|------------------------------------|

**L. SAMPLE TYPE**

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Routine Analysis | <input type="checkbox"/> 2. Problem Situation |
|--|---|

**IF PROBLEM, FILL OUT BELOW**

**M. THIS SAMPLE IS FROM:**

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Non-Affected Plants (Good) | <input type="checkbox"/> 2. Affected Plants (Bad) |
|--|---|

**N. SYMPTOM APPEARANCE (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Chlorosis, Yellowing Leaves      | <input type="checkbox"/> 3. Distortion     |
| <input type="checkbox"/> 2. Necrosis (Dead areas/Dead spots) | <input type="checkbox"/> 4. Stunted Plants |

**O. WHERE DO SYMPTOMS APPEAR?**

- |   |   |
|---|---|
| <input type="checkbox"/> 1. New, Young Growth       | <input type="checkbox"/> 3. Old Mature Leaves |
| <input type="checkbox"/> 2. Recently Matured Leaves | <input type="checkbox"/> 4. Other             |

**P. ROOT SYSTEM STATUS**

- |                                  |                                       |                                       |
|----------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 1. Dead | <input type="checkbox"/> 2. Unhealthy | <input type="checkbox"/> 3. Excellent |
|----------------------------------|---------------------------------------|---------------------------------------|

**Q. OTHER COMMENTS** \_\_\_\_\_