

PEST LABORATORY

Nematology Order Form



Courier to: PestLab, AsureQuality Ltd, 131 Boundary Road, Blockhouse Bay, Auckland

Customer Reference	Purchase Order	PestLab use only:
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Reply and invoice to:	Copy of reply to:
Business Name:	Business Name:
Postal Address:	Postal Address:
Contact Person:	Contact Person:
Phone / mobile:	Phone / mobile:
Email:	Email:

Sample Details:

Crop: _____

Growing Location: _____

Field
 Greenhouse
 Other _____

Soil
 Growing Media (Soil-less) _____

Turf
 Plant material _____

Bark
 Other _____

Services Required:

For Export Certification
 Nematode ID
 Biology

Cyst nematode (e.g. PCN) No. of Cores: _____
 Nematode count
 Molecular ID

Other harmful nematodes No. of Cores: _____
 Other _____

Comments / Questions / Other Information:

Name:	Signature:	Date:
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