

Plant Health Laboratory Order Form



Plant Pathology for Agriculture, Horticulture, Forestry and Food

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|------------------------------|----------------------|
| Customer Reference/Order No: | Laboratory use only: |
|------------------------------|----------------------|

| REPLY AND INVOICE TO: | COPY OF REPLY TO: |
|-----------------------|-------------------|
| Business Name: | Business Name: |
| Postal Address: | Postal Address: |
| | |
| Contact Person: | Contact Person: |
| Phone: | Phone: |
| Email (or Fax): | Email (or Fax): |
| Mobile: | Mobile: |

| HOST PLANT / PRODUCE / PRODUCT: | GROWING LOCATION / ORIGIN OF SPECIMEN: |
|---------------------------------|--|
| | |

| GROWING MEDIUM: | SITUATION: | PLANT PART AFFECTED |
|---|---|--|
| <input type="checkbox"/> Soil <input type="checkbox"/> NFT/Rockwool <input type="checkbox"/> Potting Mix <input type="checkbox"/> Pumice/Cocopeat <input type="checkbox"/> Bark <input type="checkbox"/> Sawdust | <input type="checkbox"/> Outdoors <input type="checkbox"/> Greenhouse <input type="checkbox"/> Shadehouse | <input type="checkbox"/> Whole Plant <input type="checkbox"/> Foliage <input type="checkbox"/> Roots <input type="checkbox"/> Seeds <input type="checkbox"/> Flowers/Fruit <input type="checkbox"/> Stem <input type="checkbox"/> Tubers/Rhizomes |
| SYMPTOMS / COMMENTS / QUESTIONS / OTHER INFORMATION: | | |
| | | |

| SERVICES REQUIRED: |
|---|
| <input type="checkbox"/> Disease/Disorder Identification <input type="checkbox"/> Food Contaminant (Fungi) <input type="checkbox"/> Water Path Test <input type="checkbox"/> Virus Test <input type="checkbox"/> Soil Path Test <input type="checkbox"/> Control Advice |
| ARE THESE TESTS FOR EXPORT CERTIFICATION? <input type="checkbox"/> |

| METHOD OF PAYMENT: |
|---|
| Credit Card: <input type="checkbox"/> Mastercard / Visa Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Invoice: <input type="checkbox"/> Account No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NB: 99992 is for cash sales Cheque / Cash: <input type="checkbox"/> (attached) |
| Name on Card: |

| | | |
|------------|-------|--|
| Signature: | Date: | Please send Diagnostic Order Forms: <input type="checkbox"/> |
|------------|-------|--|