

Date Received: _____ Job no.: _____

Sample Submission Form

Seed Crop Survey

Please use one submission form per sample

Contact details

Address for results	Address for invoice
Company: _____	Company: _____
Contact person: _____	Contact person: _____
Postal address: _____	Postal address: _____
Town + post code: _____	Town + post code: _____
Country: _____	Country: _____
Phone: _____ Mobile: _____	Phone: _____ Fax: _____
Email address: _____	Email address: _____
Grower	Inspector
Property: _____	Name: _____
Contact person: _____	Off. inspector no.: _____
Address: _____	Inspection date: _____
Phone: _____	Signature: _____
Method of payment	
Credit card: <input style="width: 100%;" type="text"/>	
Expiry date: <input style="width: 100%;" type="text"/>	Invoice: <input checked="" type="checkbox"/> Account no: <input style="width: 100%;" type="text"/>
Name on card: _____	Cheque/Cash: <input type="checkbox"/> (attached)

Sample details (items indicated with an * are required, list all other details as you want them on the Seed Health Test Report)

Kind of seed (species): (botanical name preferred) _____	Production site identifier: (must be unique) _____
Cultivar: _____	Paddock ID: _____
Grower's customer: _____	

Provide list of ALL pests to test for in the space below or attach separate list
