

Date Received: _____ Job no.: _____

Sample Submission Form Bulb Virus Testing

Please use one submission form per sample

Contact details

Address for results	Copy to
Business: _____	Business: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
Town: _____ Postcode: _____	Town: _____ Postcode: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____
Address for invoice	Grower
Business: _____	Business: _____
Contact: _____	Contact: _____
Address: _____	Sampler
Town: _____ Postcode: _____	Name: _____
Account no.: _____ Order no.: _____	Signature: _____
	Date: _____

Sample identification

Sample type: _____ <small>(bulbs, leaves, roots, soil)</small>	Cultivar: _____
Official reference no./Sample ID: _____	Generation: _____
Export certification? <input type="checkbox"/> Yes/no	Country of export: _____
No. of subsamples/bags submitted: _____	No. per bag: _____

Tests required (please tick)

<input type="checkbox"/> TBV	<input type="checkbox"/> TVX	<input type="checkbox"/> ArMV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Sampling

- Submit samples in clean/new plastic bag, making sure not to cross contaminate (sub) samples.
- Samples should be kept cool at all times. Courier in chilly bin with ice pack if necessary. Separate samples from ice pack to avoid frost damage to samples.
 - For sample sizes for export, consult the Importing Country Phytosanitary Requirements (ICPRs)
 - Courier samples with this completed form to: **AsureQuality - Plant Health Lab** (att. Rouke Bakker)
**South Drive
 Lincoln University
 Lincoln 7674**