

Date Received: \_\_\_\_\_ Job no.: \_\_\_\_\_

## Diagnostic Sample Submission Form

Please use one submission form per sample

### Contact details

<b>Address for results</b>	<b>Address for invoice</b>
Company: _____	Company: _____
Contact person: _____	Contact person: _____
Postal address: _____	Postal address: _____
Town + post code: _____	Town + post code: _____
Country: _____	Country: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email address: _____	Email address: _____
<b>Grower</b>	<b>Sampling officer</b>
Property: _____	Name: _____
Contact person: _____	Off. Sampler no.: _____
Address: _____	Sampling date: _____
Phone: _____ Fax: _____	Signature: _____

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

Plant/produce/product:	Growing location/origin of specimen:	Purchase order number:
<b>Growing medium:</b>	<b>Situation:</b>	<b>Plant part affected:</b>
<input type="checkbox"/> Soil <input type="checkbox"/> NFT/Rockwool <input type="checkbox"/> Potting mix/bark <input type="checkbox"/> Pumice <input type="checkbox"/> Other	<input type="checkbox"/> Outdoors <input type="checkbox"/> Greenhouse <input type="checkbox"/> Shade house	<input type="checkbox"/> Whole plant <input type="checkbox"/> Flowers/fruit <input type="checkbox"/> Foliage <input type="checkbox"/> Stem <input type="checkbox"/> Roots <input type="checkbox"/> Tubers/Rhizomes <input type="checkbox"/> Seeds
<b>Symptoms/comments/questions/other information:</b>		
<b>Services required:</b>		
<input type="checkbox"/> Disease/disorder identification <input type="checkbox"/> Water path test <input type="checkbox"/> Soil path test	<input type="checkbox"/> Food contaminant (fungi) <input type="checkbox"/> Virus test <input type="checkbox"/> Export certification?	
<b>Method of payment:</b>		
Credit card: <input type="checkbox"/>	Invoice: <input type="checkbox"/>	Account no.: <input type="checkbox"/>
Number: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expiry date: <input type="checkbox"/>	<input type="checkbox"/>	Cheque/cash: <input type="checkbox"/>
Name on card: _____		

**Courier to:** AsureQuality - Plant Health Laboratory, South Drive, Lincoln University, Lincoln 7674  
 Freephone 0508 00 11 22 or email [pathology@asurequality.com](mailto:pathology@asurequality.com). Download this Order Form from our website at: [www.asurequality.com](http://www.asurequality.com)

Our standard Terms of Business apply with the use of this form: <https://www.asurequality.com/about/terms-of-business/>.