

Date Received: _____ Job no.: _____

Sample Submission Form

Plant Health Surveys

Please use one submission form per sample

Contact details

Address for results	Address for invoice
Company: <u>PGG Wrightson Seeds Ltd</u>	Company: <u>PGG Wrightson Seeds Ltd</u>
Contact person: <u>David Harrison</u>	Contact person: <u>Mark Latimer</u>
Postal address: <u>PO Box 69132</u>	Postal address: <u>PO Box 69132</u>
Town + post code: <u>Lincoln 7640</u>	Town + post code: <u>Lincoln 7640</u>
Country: <u>New Zealand</u>	Country: <u>New Zealand</u>
Phone: <u>03 966 9369</u> Mobile: <u>027 596 3952</u>	Phone: _____ Fax: _____
Email address: <u>dharrison@pggwrightsonseeds.co.nz</u>	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: 50%;" type="text"/>	Invoice: <input checked="" type="checkbox"/> Account no: <input style="width: 50%;" 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: _____
List all diseases detected: <input type="checkbox"/>	
Pea bacterial blight only: <input type="checkbox"/>	

Submit samples with this completed form to:

AsureQuality – Plant Health Laboratory
South Drive
Lincoln University
Lincoln 7674
Canterbury

Please retain a copy of this form for your own reference.

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