

Date Received: _____ Job no.: _____

Diagnostic Sample Submission Form

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: _____ Fax: _____	Phone: _____ Fax: _____
Email address: _____	Email address: _____
Grower	Sampling officer
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:
Growing medium:	Situation:	Plant part affected:
<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
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"/> Export certification?	
Method of payment:		
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. Download this Order Form from our website at: www.asurequality.com