

Plant Health Laboratory
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Lincoln 7608
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Date Received:		Job no.:				
Sample Sub Diagnostic	mission Form	1				
Please use one submission form per sample						
Contact details	5					
Address for results			Address for invoice (if no account)			
Company:			Company:			
Contact person:	n:		Contact person:			
Phone:	Phone:		Phone:			
Email address:	Email address:		Email address:			
Email address:	(copy to)		Gı	rower		
Sampler details			Property:			
Name:	e:			tact person:		
Sampling date.:			Address:			
Signature:			Town + Postcode:	own + Postcode:		
Country:						
Phone:						
Method of payment:						
Prepayment: □	On account:	Account no.:		Purchase order number:		
Sample details (List all details as you want them on the Plant Health Test Report)						
Plant/produce/product:			Sample Reference:			
Growing location/origin of specimen:						
Growing medium:	Situation: Plant part affected		i:	Services required:		
□ Soil □ NFT/Rockwool □ Potting mix/bark □ Pumice □ Other	☐ Outdoors ☐ Greenhouse ☐ Shade house	☐ Whole plant ☐ Foliage ☐ Roots ☐ Seeds	☐ Flowers/fruit ☐ Stem ☐ Tubers/Rhizomes	□ Disease/disorder identification □ Food contaminant (fungi) □ Waterborne pathogens test □ Soilborne pathogens test □ Virus test □ Export certification		
Symptoms/comments/questions/other information: (continue over the page if necessary)						

Courier to: AsureQuality - Plant Health Laboratory, South Drive, Lincoln University, Lincoln 7608
Freephone 0508 00 11 22 or email planthealth@asurequality.com. Download this Order Form from our website at: www.asurequality.com