

Plant Health Laboratory
PO Box 85006
Lincoln University
Lincoln 7608
New Zealand
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planthealth@asurequality.com

Date Received:		Job no.:			
Sample Subr Fresh Plant \					
Please use one	submission forr	n per sample	е		
Contact details					
Address for results			Address for invoice (if no account)		
Company:			Company:		
Phone:					
Email address:		Email address:			
Email address:	Email address: (copy to)		Grower		
Sampler details		Property:			
Name:		Contact person:			
Sampling date:		Address:			
Signature:			Town + Postcode:		
			Country:		
			Phone:		
Method of payment:		Account no.:		Purchase order number:	
Prepayment: □	On account: □	Account no		Pulchase order number.	
		want them on the F	Plant Health Test Report	)	
Sample type: (Leaves, tubers, root, soil)			Please list virus tests required below:		
Cult	ivar:				
Official Reference no./Sample ID:			Oii		
Genera			Sampling instruction:		
No. of subsample/l submi			Contact Plant Health Laboratory for sampling options. (We can do single leaf, single plant, 10-leaf subsamples, 20-leaf subsamples etc.)		
No. (e.g. leaves) per	bag		Samples should be kept cool at all times. Courier in chilly bin with ice pack. Separate samples from ice pack to avoid frost damage to samples.		
Export certifica	tion: Yes □ N	lo 🗆	<ol><li>For sample sizes for export, consult MPI or IVA for sampling requirement.</li></ol>		

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: <a href="www.asurequality.com">www.asurequality.com</a>

3. Courier samples with this completed form to the

address at the bottom of the form.

Country of regulation test: