

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 (if no account)
Company: _____	Company: _____
Contact person: _____	Contact person: _____
Phone: _____	Phone: _____
Email address: _____	Email address: _____
Email address: _____ (copy to)	
Sampler details	Grower
Name: _____	Property: _____
Sampling date: _____	Contact person: _____
Signature: _____	Address: _____
	Town + Postcode: _____
	Country: _____
	Phone: _____

Method of payment:

Prepayment: <input type="checkbox"/>	On account: <input type="checkbox"/>	Account no.:	Purchase order number:
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Sample details (Items indicated with* are required, list all details as you want them on the Plant Health Survey Report)

* Kind of crop (botanical name preferred):		List all pests required or attach a separate list (e.g. the uploaded spreadsheet):
Cultivar:		
* Production site identifier (must be unique):		
* Paddock ID:		
List all diseases detected:	<input type="checkbox"/>	
Pea bacterial blight only:	<input type="checkbox"/>	
Brief description of symptoms:		

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