

Date Received: _____ Job no.: _____

Sample Submission Form

Seed Health Testing

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: _____
Off. Sampler no.: _____	Contact person: _____
Sampling date: _____	Address: _____
Signature: _____	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 and *are required, list all details as you want them on the Seed Health Test Report)

* Kind of seed (botanical name preferred):		List all tests required or attach a current copy of an import permit listing all pests and diseases to be tested for:
* Cultivar:		
Dressed:		
Treatment:		
* Merchant's Reference:		
Official reference:		
* Export certification:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Country of regulation test:		

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

