A&L CANADA LABORATORIES INC.

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Plant Disease Diagnostics Sample Submission Form

Please submit samples via overnight courier

				via overingine counter			
SUBMITTED BY:				CLIENT/GROWER: Address:			
Address:							
Province: Postal Code:				Province: Postal Code:			
Phone: Fax:				Phone: Fax:			
Email:				Email:			
Account#:				Grower Code: Farm		:	
SAMPLE ID	PLANT NAME	TISSUE INFECTED		SYMPTOMS	ANALYSIS REQUIRED*	LAB ID	
*Analysis required: If you are not sure crop. Please feel free to call us to ask w			nend one o	of our screens. These contain	tests for frequently encounter patho	gens of a particular	
Comments/Symptoms First Appear	red/Chimicals App	lied:					
Received by A&L:				Date:			