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Pest Diagnostic Clinic

Sample Submission Form

LABORATORY USE ONLY: LS Form: <u>SubP14/12/31</u> Pg. 1 of 1	
Rec'd By: _____	Date Received: _____
Delivered By: <input type="checkbox"/> Mail <input type="checkbox"/> Courier <input type="checkbox"/> In-Person	
LS Sample No: _____ to _____	
Payment Rec'd: \$ _____	Receipt #: _____

Submitted By:			Owner (if different from submitter):		
Business Name (if applicable):			Business Name (if applicable):		
Street:			Street:		
City:	Prov:	Postal Code:	City:	Prov:	Postal Code:
Tel: ()	Fax: ()		Tel: () -	Fax: () -	
Email:			Email:		
Unless otherwise indicated, report and invoice will be sent to submitter					
Report to: <input type="checkbox"/> Submitter <input type="checkbox"/> Owner			Required Report Format: <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail		
Invoice to: <input type="checkbox"/> Submitter <input type="checkbox"/> Owner Quotation #:			Purchase Order / U of G G/L Code		

Services Required: ☐ Full Plant Disease Diagnosis ☐ Root & Crown Diseases ☐ Foliar Diseases (Fungal or Bacterial)

☐ Soil Nematode Count ☐ SCN Cyst & Egg Count ☐ Plant Virus Test ☐ Nematode Count From Roots ☐ Bulb & Stem Nematode

☐ Insect Identification ☐ Plant Identification ☐ DNA Water Scan ☐ DNA Soil Scan ☐ Full Diagnostic DNA Scan

If submitting a water sample, please answer the following question:

Is the purpose of the water test request to assess the quality of water for human consumption? ☐ YES ☐ NO

Date: _____ **Signature:** _____

Plant or Host Affected:		Cultivar/Variety:	Grower/Field sample #:
		Location of Plant (i.e. greenhouse, field, orchard, garden, etc.):	
Size of Planting:	% of Plants Affected:	Symptoms First Appeared in Past: <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years	Degree of Injury: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Light
Cropping History:		Future Crop:	

Describe the problem in detail (i.e. symptoms, plant parts affected, distribution of symptoms):

Were chemicals applied? Please specify type of product(s) used and date(s) of application. Provide additional comments and specific requests.

Attached: ☐