



NSW DEPARTMENT OF
PRIMARY INDUSTRIES

Diagnostic and Analytical Services
Plant Health Diagnostic Service

Plant Health Sample Request

YOUR DETAILS – billing address

Name		Company	
Address			Postcode
Phone	Fax	Email	

PROPERTY OWNER DETAILS – if different to above

Name		Company	
Address			Postcode
Phone	Fax	Email	

PIC# — — — — — GPS location E N
Coordinate system i.e. GDA94

Preferred method of delivering results (please tick)

Mail	Fax	Email
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SAMPLE DETAILS – please provide as much information as possible

Sample collection date	Collectors Name
Name of the plant / specimen	Variety

What are the symptoms?- please tick

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Plant dieback | <input type="checkbox"/> Stem wilt | <input type="checkbox"/> Seed rot |
| <input type="checkbox"/> Root / tuber rot | <input type="checkbox"/> Leaf spot | <input type="checkbox"/> Fruit spot |
| <input type="checkbox"/> Bark canker | <input type="checkbox"/> Leaf curl | <input type="checkbox"/> Fruit rot |
| <input type="checkbox"/> Gall | <input type="checkbox"/> Flower blight | <input type="checkbox"/> Other: |

What part of the plant is affected? – please tick

- | | | |
|---|---------------------------------|---------------------------------|
| <input type="checkbox"/> Whole plant | <input type="checkbox"/> Stem | <input type="checkbox"/> Seed |
| <input type="checkbox"/> Roots / tuber | <input type="checkbox"/> Leaf | <input type="checkbox"/> Fruit |
| <input type="checkbox"/> Trunk / branch | <input type="checkbox"/> Flower | <input type="checkbox"/> Other: |

What else can you tell us about:

Where the seed / plant came from?

Is the problem widespread or isolated?

Have you ever had this problem before?

Have any of your neighbours reported similar problems?

Are you using any herbicides, pesticides or fertilisers?

Could there be any relation to terrain? (eg wet, low lying areas)

Have you had any extreme weather recently? (eg rain, hail, hot winds)

AUTHORISATION

I understand that there is a minimum fee for sample testing, and I agree to accept all charges for this service.

Name (please print)	Signature	Date
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NSW DPI STAFF - PLEASE PROVIDE PAYMENT DETAILS

Please circle if submitter is WBS Code: Cost Centre:
DA or DH

FOR FURTHER INFORMATION OR TO CHECK CURRENT PRICES PLEASE CALL 1800 675 821

Test results and findings may be provided to authorised staff and used for statistical, surveillance, extension, certification and regulatory purposes in accordance with Departmental policies. The information assists disease and residue control programs and underpins market access for agricultural products. The source of the information will remain confidential unless otherwise required by law or regulatory policies.