



Customer No: Your Reference: Quote Number (if applicable):

SUBMITTER DETAILS Please note results will be reported to the submitter's email address provided below			
Submitter name:		Company/Clinic:	
Postal address:		ABN:	
		Phone:	
Email:		<input type="checkbox"/> Additional report (email):	
OWNER DETAILS (if different to submitter)			
Grower/Owner name:		ABN:	
Property address:			
Postal address:			
LLS & DPI USE ONLY			
District Surveillance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Charge to WBS/Project code:	
TESTING REQUIRED (check one box only) Testing times vary from days to weeks, depending on the complexity of the problem and nature of test			
<input type="checkbox"/> Proceed with testing for a complete diagnosis		<input type="checkbox"/> Contact submitter to discuss testing requirements &/or costs	
<input type="checkbox"/> Test ONLY for:			
Collector's name:	Date collected:	Sample locality:	Sample site:
Sample type (e.g., leaf, soil, water):	Common Name:	Variety:	Scientific name (if known):
Symptoms (e.g., leaf spot, dieback, wilt) OR <input type="checkbox"/> see attached note.			
Symptom distribution:	% of crop affected:	Onset of problem (approx. date):	Planting date:
<input type="checkbox"/> Scattered plants			
<input type="checkbox"/> Patches			
<input type="checkbox"/> Uniform over large area			
GPS Coordinates:			
FURTHER INFORMATION (all relevant information is important, e.g., weather events, treatments applied, previous cropping history etc., please attach additional sheet if insufficient space)			
DECLARATION			
<input type="checkbox"/> By ticking this box, I have read and agree to the NSW DPI Laboratory Services Terms and Conditions that can be accessed at www.dpi.nsw.gov.au or provided to you by contacting our Customer Service Unit.			
By signing below, I declare that I am authorised to request analysis of the samples listed above.			
Name	<input type="text"/>	Signature	<input type="text"/>
			Date <input type="text"/>
LAB USE ONLY			
QA	D <input type="checkbox"/> M <input type="checkbox"/> IMPORT <input type="checkbox"/> EXPORT <input type="checkbox"/> NOTIFIABLE <input type="checkbox"/> EXOTIC	SURVEILLANCE	OTHER:
	Total samples received:	Sample Condition:	