



Customer No:

Your Reference:

Quote No: (If applicable)

SUBMITTER DETAILS Please note results will be report to the submitter's email address provided below

Submitter name:	Company/Clinic:
Postal address:	ABN:
	Phone:
Email:	Additional report (email):

OWNER DETAILS (if different to submitter)

Grower/Owner name:	ABN:
Property address:	
Postal address:	

TESTING REQUIRED - Testing times vary from days to weeks, depending on the complexity of the problem and nature of test

A. Proceed with testing for a complete diagnosis OR Contact submitter to discuss testing requirements or testing costs
 B. Include tests for (*suspect disease or pathogen*) OR Test ONLY for:

LLS & DPI USE ONLY District Surveillance: Yes No Charge to WBS/Project code:

Collector's name:	Date collected:	Sample locality	Sample site:
Samples type (e.g. soil, water or common name)	Variety:	Genus:	Species:

Symptoms (e.g. leaf spot, dieback, wilt) OR see attached note

Symptom distribution: Scattered plants Patches Uniform over large area	% of crop affected:	Onset of problem	Other factors:
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GPS Coordinates: System type WGS84 GDA94	South (decimal degrees preferred)	East (decimal degrees preferred)
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FURTHER INFORMATION (please attach additional sheet if insufficient space provided)

DECLARATION

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: _____ Signature: _____ Date: _____

LAB USE ONLY

QA	D	M	IMP	E	NOTIFIABLE	EXOTIC	SURVEILLANCE	OTHER
	Total samples received:		Sample condition:					