

Date Received: _____ Job no.: _____

Sample Submission Form

Plant Health Surveys

Please use one submission form per sample

Contact details

Address for results	Address for invoice
Company: _____	Company: _____
Contact person: _____	Contact person: _____
Postal address: _____	Postal address: _____
Post code: _____	Town + post code: _____
Country: _____	Country: _____
Phone: _____ Mobile: _____	Phone: _____ Fax: _____
Email address: _____	Email address: _____
Grower	Inspector
Property: _____	Name: _____
Contact person: _____	Off. inspector no.: _____
Address: _____	Inspection date: _____
Phone: _____	Signature: _____
Method of payment	
Credit card: <input style="width: 100%;" type="text"/>	
Expiry date: <input style="width: 100%;" type="text"/>	Invoice: <input type="checkbox"/> Account no: <input style="width: 100%;" type="text"/>
Name on card: _____	Cheque/Cash: <input type="checkbox"/> (attached)

Sample details (items indicated with an * are required, list all other details as you want them on the Seed Health Test Report)

Kind of seed (species): (botanical name preferred) _____	Production site identifier: (must be unique) _____
Cultivar: _____	Paddock ID: _____
List all diseases detected: <input type="checkbox"/>	
Pea bacterial blight only: <input type="checkbox"/>	

Submit samples with this completed form to:

 AsureQuality – Plant Health Laboratory
 South Drive
 Lincoln University
 Lincoln 7674
 Canterbury

Please retain a copy of this form for your own reference.

 Our standard Terms of Business apply with the use of this form: <https://www.asurequality.com/about/terms-of-business/>.