

Sample Submission Form

Pre-export Psa-V testing

Site Sampled	
Name:	
Address:	
Phone:	Fax:
<input type="checkbox"/> KPIN / <input type="checkbox"/> DEA identifier:	
Samples from: <input type="checkbox"/> DEA <input type="checkbox"/> BUFFER ZONE	
Survey <input type="checkbox"/> 1 or <input type="checkbox"/> 2	
Sample type: <input type="checkbox"/> Leaf <input type="checkbox"/> Other (please state)	
Submitted By:	AsureQuality Ltd
Primary Contact:	Jo Risk
Charge to:	Zespri International Ltd
Email Results:	david.cant@zespri.com budwood@zespri.com jo.risk@asurequality.com julie.hyde@asurequality.com plant.exports@mpi.govt.com

Chain of Custody Record	
Sent to: AsureQuality - Plant Health Lab	
Date & Time:	
Name:	
Signature:	
Office Use Only	
Received at: AsureQuality Plant Health Lab	
Date & Time:	
Name:	
Signature:	
Condition	
<input type="checkbox"/> Room Temp <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen	

Additional Information	
Species (required):	
Other Additional Information:	

Unique Sample Identification Numbers					
Block #	Sample # from	to	Block #	Sample # from	to
Eg. Bk1	01	10			
Bk1	11	20			
Bk1	21	30			
Etc.	etc.	etc.			
Total number of samples:					

Symptomatic Samples		
List all vine ID numbers for symptomatic samples		