

SAMPLE SUBMISSION FORM

Date of sample collection _____ Date of sample submission: _____

Client's Name: _____ Crop Location: _____

Contact information: Cell _____ Home _____ Agricultural Region _____

Commercial or Backyard (circle which one please)

CROP (Variety)	CROP HISTORY (Previous crop, Age, Other info etc.)	PLOT SIZE/ # PLANTS	% AFFECTED	PLANT PART SUBMITTED	SYMPTOMS/OBSERVATIONS

Sample

Recent weather: _____

Pesticides applied & Date: _____

Other relevant information: _____

Extension Officer to be contacted: _____ Received at Lab by: _____