

Customer Reference/Order No:	PestLab use only:
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REPLY AND INVOICE TO:	COPY OF REPLY TO:
Business Name:	Business Name:
Postal Address:	Postal Address:
Contact Person:	Contact Person:
Phone:	Phone:
Email (or Fax):	Email (or Fax):
Mobile:	Mobile:

HOST PLANT / PRODUCE / PRODUCT:	GROWING LOCATION / ORIGIN OF SPECIMEN:

SERVICES REQUIRED:	COMMENTS / QUESTIONS / OTHER INFORMATION:
<input type="checkbox"/> Insect / Pest ID <input type="checkbox"/> Food Contaminant <input type="checkbox"/> Nematode ID <input type="checkbox"/> Control Advice  <input type="checkbox"/> PCN    No. of Cores: ..... <input type="checkbox"/> Other Harmful Nematodes              No. of Cores: ..... <input type="checkbox"/> Growing Media (Soil-less) <input type="checkbox"/> Soil  ARE THESE TESTS FOR EXPORT CERTIFICATION? <input type="checkbox"/>	       <div style="text-align:right"><small>continue overleaf if necessary</small></div>

Signature:	Date:	Please send Diagnostic Order Forms: <input type="checkbox"/>
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**Courier to: PestLab, AsureQuality Ltd, 131 Boundary Road, Blockhouse Bay, Auckland**

PESTLAB REPLY:		
A printed report is the normal reply format. A handwritten reply will be completed if it is more appropriate or has been agreed with the customer.		
PestLab Diagnostician:	Date:	Details of the methodology used in any identification(s) listed above are available on request.