PESTLAB Pathology Order Form

Plant Pathology for Agriculture, Horticulture, Forestry and Food

AsureQuality

Customer Reference/Order No:	PestLab use only:

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:

GROWING MEDIUM:

- ☐ Soil
- ☐ NFT/Rockwool
- ☐ Potting Mix
- ☐ Pumice/Cocopeat
- ☐ Bark
- ☐ Sawdust

SITUATION:

- ☐ Outdoors
- ☐ Greenhouse
- ☐ Shadehouse

PLANT PART AFFECTED

- ☐ Whole Plant
- ☐ Foliage
- ☐ Roots
- ☐ Seeds
- ☐ Flowers/Fruit
- ☐ Stem
- ☐ Tubers/Rhizomes

SYMPTOMS / COMMENTS / QUESTIONS / OTHER INFORMATION:

continue overleaf if necessary

SERVICES REQUIRED:

- ☐ Disease/Disorder Identification
- ☐ Food Contaminant (Fungi)
- ☐ Water Path Test
- ☐ Virus Test
- ☐ Soil Path Test
- ☐ Control Advice

ARE THESE TESTS FOR EXPORT CERTIFICATION? ☐

METHOD OF PAYMENT:

Credit Card: ☐ Mastercard / Visa

Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date: ☐☐ ☐☐

Name on Card: .....

Invoice: ☐

Account No.: ☐☐☐☐☐

NB: 99992 is for cash sales

Cheque / Cash: ☐ (attached)

Signature:	Date:	**Please send Diagnostic Order Forms:** ☐

Courier to: PestLab Pathology, AsureQuality, South Drive, Lincoln University, Canterbury

Freephone **0508 00 11 22** or email **pathology@asurequality.com.** Download this Order Form from our website at: www.asurequality.com