



Plant Health Diagnostic Service Specimen Advice Form

Customer No: Your Reference: Quote Number (if applicable):

SUBMITTER DETAILS Please note results will be reported to the submitter's email address provided below			
Submitter name:		Company/Clinic:	
Postal address:		ABN:	
		Phone:	
Email:		Additional report (email):	
OWNER DETAILS (if different to submitter)			
Grower/Owner name:		ABN:	
Property address:			
Postal address:			
LLS & DPI USE ONLY			
District Surveillance:	☐ Yes ☐ No	Charge to WBS/Project code:	
TESTING REQUIRED (check one box only) Testing times vary from days to weeks, depending on the complexity of the problem and nature of test			
☐ Proceed with testing for a complete diagnosis		☐ Contact submitter to discuss testing requirements &/or costs	
☐ Test ONLY for:			
Collector's name:	Date collected:	Sample locality:	Sample site:
Sample type (e.g., leaf, soil, water):	Common Name:	Variety:	Scientific name (if known):
Symptoms (e.g., leaf spot, dieback, wilt) OR ☐ see attached note.			
Symptom distribution:	% of crop affected:	Onset of problem (approx. date):	Planting date:
☐ Scattered plants			
☐ Patches			
☐ Uniform over large area			
GPS Coordinates:			
FURTHER INFORMATION (all relevant information is important, e.g., weather events, treatments applied, previous cropping history etc., please attach additional sheet if insufficient space)			
DECLARATION			
By signing below, I declare that I am authorised to request analysis of the samples listed above and I have read and agree to the NSW DPIRD Laboratory Services Terms and Conditions that can be accessed on the website or provided to me by contacting Customer Services.			
Name		Signature	
Date			
LAB USE ONLY			
QA	☐ DIAGNOSTIC ☐ MONITOR ☐ IMPORT ☐ EXPORT ☐ NOTIFIABLE ☐ EXOTIC ☐ SURVEILLANCE ☐ OTHER:		
	Total samples received:		Sample Condition: