

SAMPLE SUBMISSION FORM

95 Stone Road West
Guelph, ON N1H 8J7
Tel: (519) 767-6256
Fax: (519) 767-6240
Web: www.uoguelph.ca/pdc

LABORATORY USE ONLY: LS Form: SubP01/04/03 Pg. 1 of 1	
Rec'd: By: _____	Date Received: _____
Delivered By: <input type="checkbox"/> Mail <input type="checkbox"/> Courier <input type="checkbox"/> In-Person	
LS Sample No: _____ to _____	
Payment Rec'd: \$ _____	Receipt #: _____

Pest Diagnostic Clinic

Submitted By:			Owner (if different from submitter):		
Business Name (if applicable):			Business Name (if applicable):		
Street:			Street:		
City:	Prov:	Postal Code:	City:	Prov:	Postal Code:
Tel: () -	Fax: () -		Tel: () -	Fax: () -	
Email:			Email:		

Unless otherwise indicated, report and invoice will be sent to submitter
 Report to: Submitter Owner Required Report Format: Fax E-Mail Mail

Invoice to: Submitter Owner Quotation #: _____ Purchase Order / U of G G/L code: _____

Services Required: Nematode Count Nematode Count from Roots SCN Cyst & Egg Count
 Plant Disease Diagnosis Insect Identification Plant Identification Verticillium Count

Plant or Host Affected:	Cultivar/Variety:	Grower/Field sample #:
	Location of Plant (i.e. greenhouse, field, orchard, garden, etc.):	

Size of Planting:	% of Plants Affected:	Symptoms First Appeared in Past: <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years	Degree of Injury: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Light
-------------------	-----------------------	---	---

Cropping History:	Future Crop:
-------------------	--------------

Describe the problem in detail (i.e. symptoms, plant parts affected, distribution of symptoms):

Were chemicals applied? Please specify type of product(s) used and date(s) of application:

Additional comments and specific requests:
