AFL AGRICULTURE & FOOD LABORATORY

UNIVERSITY of GUELPH

Sample Submission Form

95 Stone Road West
Guelph, ON
Mail parcels: N1H 8J7
Courier parcels: N1G 2Z4
Tel: (519) 823-1268 ext. 57256
Fax: (519) 767-6240
Web: www.AFLuoguelph.ca

LABORATORY USE ONLY:

Rec'd By:_____ **Date Received:** _____

Delivered By: ☐ **Mail** ☐ **Courier** ☐ **In-Person**

LS Sample No: _____ **to** _____

Payment Rec'd: $_____ **Receipt #:**_____

Plant Disease 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: Please select a test from below. If unsure of which test to select, please check Plant Disease Diagnosis and our diagnostician will choose the most appropriate testing based on symptoms.

☐ **Plant Disease Diagnosis** ☐ **Plant Virus Test** ☐ **Insect Identification**

Nematodes: ☐ Count from Soil ☐ SCN Cyst & Egg Count ☐ Count From Roots ☐ Bulb & Stem

DNA Scan*: Water† ☐ Basic ☐ Diagnostic Soil ☐ Basic ☐ Diagnostic Plant ☐ Basic ☐ Diagnostic ☐ Turf
*For pathogens detected by DNA scans see our website for more detailed information.

PCR: ☐ Agrobacterium (Ri & Ti plasmids) ☐ Fire Blight ☐ Phytoplasmas ☐ Tomato Bacterial Canker

☐ **Other** (please specify test required and/or pathogen suspected):_____

† **If submitting a water sample, please answer the following question:**
Is the purpose of the water test request to assess the quality of water for human consumption? ☐ **YES** ☐ **NO**

Date: **Signature:**

Plant or Host Affected:		**Grower's sample ID:**	
Size of Planting:	% of Plants Affected:	Symptoms First Appeared in Past: ☐ Days ☐ Weeks ☐ Months ☐ Years	Degree of Injury: ☐ Severe ☐ Moderate ☐ Light

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

Were chemicals applied? Please specify type of product(s) used and date(s) of application. Provide additional comments and specific requests.