



# Plant Disease Clinic Sample Submission Form

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Guelph, ON N1G 2Z4  
Tel: (519) 767-6299  
Web: [www.AFLuoguelph.ca](http://www.AFLuoguelph.ca)

<b>LABORATORY USE ONLY:</b>	
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 #: _____

Submitted By:			Owner (if different from submitter):		
Business Name		Client ID:	Business Name		Client ID:
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 #: \_\_\_\_\_ PO# / 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     Cyst & Egg Count from Soil     Count From Roots     Bulb & Stem

**DNA Scan\*:** Water<sup>†</sup>  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): \_\_\_\_\_

**Important: Please read**

By submitting samples to the Plant Disease Clinic (PDC), the submitter acknowledges and agrees that summarized plant disease results, without any link to client or location, can be published yearly in the Canadian Plant Disease Survey.

The Submitter confirms that they are the owner or a duly authorized agent. Contact information must be supplied with all samples submitted for testing to AFL. Samples and/or contact information will be disclosed only in accordance with applicable law/legal obligation, including reportable disease legislation without notice. Non-hazardous samples may be returned at owner's request. Samples submitted and any information or intellectual property arising therefrom belong to University of Guelph (UG) unless otherwise arranged in writing prior to submission. Information collected may be shared in accordance with applicable legislation, including, without limitation, the Freedom of Information and Protection of Privacy Act.

**\*If submitting WATER SAMPLES, you must complete this section:**

**Is the purpose of the water test request to assess the quality of water for human consumption?**  YES  NO

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

<b>Plant or Host Affected:</b>		<b>Grower's sample ID:</b>	
Size of Planting:	% of Plants Affected:	Symptoms First Appeared in Past:	Degree of Injury:
		<input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> 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.

\_\_\_\_\_