



Plant Disease Clinic Sample Submission Form

95 Stone Road West
Guelph, ON
Mail parcels: N1H 8J7
Courier parcels: N1G 2Z4
Tel: (519) 767-6299
Web: www.AFLuoguelph.ca

LABORATORY USE ONLY:	
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 (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 #: _____ 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† 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 also agrees that PDC may share results and contact information with government regulators to be in compliance with relevant government legislation regarding regulated or reportable plant diseases.

†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:** _____

Plant or Host Affected:		Grower's sample ID:						
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.

