



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: Mail Courier 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 #: P.O.#/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:
Days Weeks Months Years 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.