

Plant Disease Clinic Sample Submission Form

95 Stone Road West
Guelph, ON 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		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: <input type="checkbox"/> Submitter <input type="checkbox"/> Owner			Required Report Format: <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> 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 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:** _____

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.