



**DIAGNOSTIC CENTRE
REQUEST FOR ANALYSIS FORM**

OFFICE USE ONLY
JOB NO.:

VAT No.: 4530194002

CLIENT INFORMATION

COMPANY: _____
 FARM / CLIENT NAME: _____
 ADDRESS: _____
 _____ Area code: _____

DATE : _____

ACCOUNT DETAILS (RESPONSIBLE FOR PAYMENT)

CONTACT INFORMATION

NAME: _____
 CONTACT NO.: tel: _____
 cell: _____
 EMAIL REPORT TO: _____

 VAT no.: _____
 Order no.: _____

SAME AS PREVIOUS Tick if applicable

COMPANY: _____
 NAME: _____
 CONTACT NO.: tel: _____
 cell: _____
 EMAIL: _____

CROP ANALYSIS

CITRUS
 OTHER: _____

ANALYSIS REQUIRED

SOILBORNE DISEASES		FRUIT & FOLIAR		FUNGICIDE TESTING		OTHER	
<u>Nematodes</u>	<u>Phytophthora</u>	<input type="checkbox"/> Citrus Greening	<input type="checkbox"/>	Postharvest Sensitivity:	<input type="checkbox"/> Biosecurity	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Roots (10 g)	<input type="checkbox"/> Soil	<input type="checkbox"/> CBS Molecular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mealybug	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Soil (250CC)	<input type="checkbox"/> Spore Trap	<input type="checkbox"/> Isolation & ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Soil Dilutions	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CBS: Benzimidazole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE INFORMATION

LAB CODE	ORCHARD NO.	CULTIVAR	ROOTSTOCK	TREE AGE	IRRIGATION		REPLANT	
					DRIP	MICRO	Y	N

Total number of soil samples sent: _____