HORTICULTURE PATHOLOGY – SAMPLE SUBMISSION FORM

Diagnosis is made on the samples received. To make the best use of this service it is important that samples sent are representative of plants in the field, are packaged appropriately and arrive in good condition. Otherwise the diagnosis may be of little help.

I understand that the diagnosis provided is limited to the samples received and that the results may not identify the extent of the problems in the field.

The Minister, his servants and agents accept no liability for any loss incurred as a result of inadequate samples or incorrectly collected samples, damage to the sample during delivery or postage, or any other interference to samples, or inadequate, incorrect or misleading information provided by the client.

I further acknowledge and agree that the results are provided on the basis of such standard testing procedures and scientific information as are currently available to SARDL and accordingly that the liability of the Minister, his servants and agents is confined to negligence in the application of the said procedures and information.

I understand there is a minimum fee for sample submission and fees are dependent on the test required. I agree to accept all charges for this service.

SIGNED: …………………………………………………………………………………………………………….. Date: …./…../……

PLEASE PRINT CLEARLY

SUBMITTER INFORMATION: (submitter receives invoice and report)

Name: ……………………………………………………………………………………………………………………………………………………..

Company: ……………………………………………………………………………………………………………………………………………………..

Postal Address: ……………………………………………………………………………………………………………………………………………………..

Suburb/Town: …………………………………………………………………………………………………………………………………………………….. State: ………. Postcode: ……………

Telephone: ( ) …………………………………………………………………………………………………………………………………………………….. Facsimile : ( ) …………………………..

Email: …………………………………………………………………………………………………………………………………………………………………………..

Grower/owner name (if different from submitter): ………………………………………………………………………………………………………………………………..

Send report by: ☐ Email ☐ Fax ☐ Copy report to: (Email) ………………………………………………………………………………………………………………………………..

SPECIMEN DETAILS:

Date collected: …./…../….. Cultivar: ………………………………………………………………………………………………………………………………..

Specimen submitted: ☐ leaves ☐ freshly dug tubers ☐ tubers dug over 1 month ago

Virus ID required ☐ PLRV ☐ TSWV ☐ PVX ☐ PYY ☐ PVS

Sample details:

☐ Leaf sample. Number of subsamples........Number of leaves in sub sample..........

☐ Bulked tuber sample. Total number of tubers..........................

☐ Single plant sample

Client ID: ……………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

Express Post to: Horticulture Diagnostics, Plant Research Centre, GPO Box 397, Adelaide SA 5001

Courier to: Horticulture Diagnostics, Plant Research Centre, Gate 2B Hartley Grove, Urrbrae SA 5064

DO NOT SEND OVER WEEKENDS OR PUBLIC HOLIDAYS

FOR FURTHER INFORMATION OR FOR CURRENT PRICES PLEASE RING 08 8303 9585 OR EMAIL barbara.hall@sa.gov.au or sue.pederick@sa.gov.au

Lab ID NO: ……………………

Date Received: …./…../…..

Date of issue: 28.06.2016
Potato virus sample submission V4 .06.2016.docx
<table>
<thead>
<tr>
<th>Well numbers</th>
<th>Sample name</th>
<th>Results – number subsamples positive/total</th>
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<tr>
<td></td>
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SAMPLE RECEIVED BY: Name/Signature  
SAMPLE REJECTED:

- ☐ Leaves too old and necrotic
- ☐ Sample deteriorated in transit

Grower/submitter contacted:

.................................................................  ☐ EMAIL  ☐ VERBAL/PHONE

(name)

By: Name/Signature  .................................................. Date …/…/……

Lab Comments:

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........................................................................................................................
........................................................................................................................
........................................................................................................................

INTERIM REPORT:

.................................................................Advised:  ☐ EMAIL  ☐ VERBAL/PHONE

(name)

By: Name/Signature  .................................................. Date …/…/……