

# A&L CANADA LABORATORIES INC.

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## Plant Disease Diagnosis Sample Submission Form

Please submit samples via overnight courier

W.O.# \_\_\_\_\_

### Client Information

Submitter's Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Account #: \_\_\_\_\_ Sampling Date: \_\_\_\_\_

### Sample identification

| No. | Sample ID | Plant Name | Tissue Infected | Symptoms | Tests Requested* | Lab ID |
|-----|-----------|------------|-----------------|----------|------------------|--------|
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**\*Tests requested:** If you are not sure which pathogens to test for, we recommend one of our screens. These contain tests for frequently encounter viral pathogens of a particular crop. Please feel free to call us to ask which screen suits your crop best.

Received by A&L: \_\_\_\_\_

Date: \_\_\_\_\_