

A & L CANADA LABORATORIES INC

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Seed Potato Disease Diagnosis Submittal Form

| | | | |
|-----------------------|--------------|------------------------|------------|
| CLIENT/GROWER: | | CFIA INSPECTOR: | |
| Address: | | Address: | |
| City: | | City: | |
| Province: | Postal code: | Province: | Post Code: |
| Phone: | Fax: | Phone: | Fax: |
| E-mail: | | Email: | |
| Attention: | Account # | | |

| ITEM # | SAMPLE IDENTIFICATION | REGULATORY | VARIETY | CERTIFICATE # | CLASS | SAMPLE SIZE | SAMPLING DATE | ANALYSIS REQUESTED | LAB USE ONLY |
|--------|-----------------------|--|---------|---------------|-------|-------------|---------------|--------------------|--------------|
| | | | | | | | | | LAB # |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |

LAB RESULTS TO BE RETURNED BY: Phone Fax Courier (client cost) E-mail Mail

I hereby declare that all of the information above are true and correct to the best of my knowledge and belief.

Signature: _____ Delivery Date: _____ Received by A&L: _____ Date: _____

ALL BOXES OR COLUMNS ARE MANDATORY FOR REGULATORY SUBMISSIONS