Department of Primary Industries and Regional Development

Plant Health Diagnostic Service Specimen Advice Form

Customer No: | **Your Reference:** | **Quote Number (if applicable):**

SUBMITTER DETAILS Please note results will be reported to the submitter's email address provided below	
Submitter name:	Company/Clinic:
Postal address:	ABN:
	Phone:
Email:	☐ Additional report (email):

OWNER DETAILS (if different to submitter)	
Grower/Owner name:	ABN:
Property address:	
Postal address:	

LLS & DPI USE ONLY		
District Surveillance: ☐ Yes ☐ No		Charge to WBS/Project code:

TESTING REQUIRED (check one box only) Testing times vary from days to weeks, depending on the complexity of the problem and nature of test

☐ Proceed with testing for a complete diagnosis ☐ Contact submitter to discuss testing requirements &/or costs
☐ Test ONLY for:

Collector's name:	Date collected:	Sample locality:	Sample site:
Sample type (e.g., leaf, soil, water):	Common Name:	Variety:	Scientific name (if known):
Symptoms (e.g., leaf spot, dieback, wilt) OR ☐ see attached note.			
Symptom distribution: ☐ Scattered plants ☐ Patches ☐ Uniform over large area	% of crop affected:	Onset of problem (approx. date):	Planting date:
GPS Coordinates:			

FURTHER INFORMATION (all relevant information is important, e.g., weather events, treatments applied, previous cropping history etc., please attach additional sheet if insufficient space)

DECLARATION

By signing below, I declare that I am authorised to request analysis of the samples listed above and I have read and agree to the NSW DPIRD Laboratory Services Terms and Conditions that can be accessed on the website or provided to me by contacting Customer Services.

Name | Signature | Date

LAB USE ONLY

QA	☐ DIAGNOSTIC ☐ MONITOR ☐ IMPORT ☐ EXPORT ☐ NOTIFIABLE ☐ EXOTIC ☐ SURVEILLANCE ☐ OTHER:
	Total samples received: Sample Condition: