

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

***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: _____