

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							
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		<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