

Department of Jobs, Precincts and Regions

AgriBio – Crop Health Services

**SAMPLE RECEPTION - MAIN LOADING DOCK**

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LAB USE

ONLY

AgriBio

Submission No.

|  |
| --- |
| **CHS SPECIMEN SUBMISSION FORM** |

|  |
| --- |
| **Date specimen received (Office use):** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CLIENT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title:** **Name:** | | | | | | | | | | | | | | | | | | | **Email:** | | | | | | | | | | |
| **Business name:** | | | | | | | | | | | | | | | | | | | **Grower name:** | | | | | | | | | | |
| **Sample location:** | | | | | | | | | | |
| **Postal address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postcode:** | | | | **State:** | | | | | | | | | | **Phone:** | | | | | | | | **Fax:** | | | | | | | |
| SPECIMEN DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date specimen collected**: | | | | | | | | | | | | | | | **Date specimen forwarded**: | | | | | | | | | | | | | | |
| **Accession no.:** | | | | | | | | **Location/Grid ref.:** | | | | | | | | | | | | | | | **PO no.:** | | | | | | |
| TYPE OF SPECIMEN SUBMITTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLANT | SOIL | | INSECT | OTHER  (please specify): | | | | | | Commercial crop | | | | | | | Garden | | | | Nursery | | Other  (please specify) | | | | | | |
|  |  | |  |  | | | | | | |  | | | |  | |  | | | | | | |
| **Plant affected:** | | | | | | **Part(s) affected:** | | | | | | Leaves | | | | Stems /  Branches | | | | Trunk | Roots | | Fruit | | | Flowers | | | Whole  Plant |
|  | | | |  | | | |  |  | |  | | |  | | |  |
| **Symptoms:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Symptom pattern:** | | Middle | | | Edges | | | | Patches | | | | Scattered | | | | | | | | Along rows | | | Random | | | Whole crop | | |
|  | | |  | | | |  | | | |  | | | | | | | |  | | |  | | |  | | |
| **Investigation requested:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BACKGROUND INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Percentage crop affected:** | | | | **%** | | | | | | | | | **Age of plants** | | | | | | | | | | | **Problem evident previously?** | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | **Yes** | | | **No** | | |
| **Drainage:** | | | | Good | | | | | | | Fair | | | | | | | | Poor | | | | | | If Yes, when? | | | | |
|  | | | | | | |  | | | | | | | |  | | | | | |  | | | | |
| **Soil type:** | | | | Sand | | | Loam | | | | | | Clay | | | | | Potting media | | | | | Hydroponic media | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Spray & Fertiliser applications:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | Accredited for  compliance with ISO/IEC 17025 - Testing  Accreditation  No 14477 | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Client signature:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOTE: Should you wish to cancel tests recommended by CHS after receiving your Interim Report,**  **please contact us within 24 hours to do so. If tests are cancelled, a minimum fee may apply.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |