

## Sample Submission Form

Name	
Address	
Postcode / Zip Code	
Telephone	
E-mail	
Mobile	
Your Sample Reference*	
Number of Samples	

Analysis request	Tick which service you require
PCN; Presence / Absence	
PCN; Presence & Species identification	
PCN; Presence, Species id. & eggs/gm	
Free Living Nematodes	
Root Knot Nematodes	
Other Nematode Analysis (Describe)	

The Sample	The Problem
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Sample type (Plant variety or soil etc.)		Testing Required PCN / FLN	
Propagation or Planting method		Symptoms observed	
Growing Conditions		Symptom distribution	
Pesticides or Herbicides used and when		When problem was noticed	
Plant age / Sowing date		% plants/area affected	

Other Information

Signed		Date	
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\*One form per field to be sent with sample(s)