

TCD #



Sample Submission Form

TCD Lab Address / Phone

8770 Highway 25
Hollister, CA 95023
831-630-2240

Salinas Drop-off: Grower-Shipper Association, 512 Pajaro Street

Watsonville Drop-off: Perry Laboratory, 424 Airport Blvd. Tel 831-722-7606

Date: _____ Name: _____

Company: _____ Company PO number? _____

Contact phone: _____ E-mail (for sending results): _____

Account established? Yes ☐ No ☐ If no, fill out account application forms (see website or contact us)

If another company or entity will pay for the analysis, please add the name and contact information:

Billing Address

Address: _____

City, State, Zip: _____

Phone: _____

Mailing Address (if different from Billing Address)

Address: _____

City, State, Zip: _____

Phone: _____

List each sample individually; if more than five samples, use additional forms

	Sample ID (crop, site/ranch name)	County/State	Requested test(s)*	Symptoms/notes/ other factors, comments
1				
2				
3				
4				
5				

*If you request a specific **plant** test (i.e. RPA for strawberry pathogens, celery Fusarium race ID) list it above. For **soil**, indicate which test(s) you are requesting [example: "qPCR package" for detection of all three strawberry pathogens: *Verticillium dahliae*, *Fusarium* (strawberry pathogen), and *Macrophomina* (strawberry genotype)].

If mailing this sample, please include a copy of the State CDFA (from within CA) or Federal APHIS (from outside CA) permit (see website or contact us for the permit).

Signature: _____

Website: www.tricaldiagnostics.com