



## 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](http://www.tricaldiagnostics.com)