

Sample Submission Form
TriCal Diagnostics
 (831) 637-0195



Physical Address
 8770 Highway 25
 Hollister, CA 95023

Mailing Address
 8100 Arroyo Circle
 Gilroy, CA 95020

Salinas Drop-off: Grower-Shipper Association (refrigerator at back of mail/copy room), 512 Pajaro Street

Watsonville Drop-off: UC Cooperative Extension office, 1430 Freedom Blvd, Suite E

Customer information

Date: _____ **Name:** _____

Company: _____

Phone (office or cell): _____ **E-mail (for sending results):** _____

Account established? Yes

No **If no, fill out application form (copy provided)**

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

	Plant/crop/cultivar (or other ID or project number)	Site/ranch/location	County/State	Symptoms/notes/other factors
1				
2				
3				
4				
5				

If mailing, please include copy of TriCal Diagnostics CA permit (copy provided).

Signature: _____

TriCal Diagnostics website: www.tricaldiagnostics.com