

TCD # _____



Sample Submission Form

Lab Address
8770 Highway 25
Hollister, CA 95023

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 |
|---|-----------------------------------|--------------|--------------------|----------------------------------|
| 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 (from within CA) or Federal (from outside CA) permit (see website or contact us for the permit).

Signature: _____

Website: www.tricaldiagnostics.com