



DIAGNOSTIC SAMPLE SUBMISSION FORM

Company Name _____

Contact Person _____

E-mail Address _____ Phone # _____

Mailing Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

California License Number (CA only) _____

REQUESTED TESTS (Check the boxes for tests being ordered)

Viruses

- Viroid panel (HpLVd, LCV, and BCTV)
- Hop latent viroid (HpLVd)
- Lettuce Chlorosis Virus (LCV)
- Beet Curly Top Virus (BCTV)
- Tobacco Mosaic Virus (TMV)
- Tobacco Streak Virus (TSV)
- Cucumber Mosaic Virus (CSV)
- Tobacco Ringspot Virus (TRSV)
- Alfalfa Mosaic Virus (AMV)
- Arabis Mosaic Virus (ArMV)

Other pathogens (fungi and bacteria)

- Botrytis cinerea*
- Powdery mildew
- Verticillium dahliae**
- Fusarium oxysporum**
- Fusarium solani**
- Pythium* species*
- Pseudomonas cannabina*
- Phytoplasma

Total number of samples to test _____