

## CHAIN OF CUSTODY FORM -MICROBIOLOGY

Please note the following information is needed to expedite sample analysis. Please complete the details as applicable and return this form with the samples.

COMPANY NAME / DISTRIBUTOR (if applicable): \_\_\_\_\_

CLIENT CONTACT / GROWER NAME: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

PHONE No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_

MOBILE No.: \_\_\_\_\_ ORDER No.: \_\_\_\_\_

### SAMPLE ANALYTICAL TESTING REQUIRED:

To receive your results with optimal ranges please supply the following information in the below table:

Plant & Soil samples: **crop type**, **crop stage** and the **soil type** of your sample

Water samples please include the following: **Water Source** and **Water Use**.

Tick box if a recommendation is required – Please fill out the following form (pg 2). Please note there is an additional charge of \$36.00 for recommendations

SAMPLE DESCRIPTION Block reference	DATE / TIME SAMPLED	TEST CODE	CROP TYPE	CROP STAGE	SOIL TYPE	WATER SOURCE	WATER USE
Samples Relinquished by:		Sign & Date:					

<b>Samples Received:</b>  (laboratory use only)	Received by: (Sign, Date & Time)			
	Temperature on arrival			
	Fit for testing?	Yes:	No:	Action:
	AgPro sample no:			



If you require disease identification please fill the following form out for each sample that requires an ID.

Crop:		Soil Type:					
Variety:		pH (if known):					
Acreage affected:		Drainage :      Good      Moderate      Poor					
Approx. Age of plant		Recently Transplanted?					
Other injuries?	Hail	Wind	Sun	Insect	Freeze or frost		
Irrigation:	Drip	Flood	Under tree	Overhead	Other:	How Often?	

Location				Prevalence			
Field		Greenhouse		One or few plants		Entire crop	
Nursery		Forest		Spots or Patches		Localised area	
Landscape		Interior		Edge of field only		Scattered areas	
Grove/ orchard		Green/ Fairway		Low, wet areas		High areas	
Garden		Other		Shaded areas		Other	

Overall Plant Appearance		Root		Stem/ Branch		Leaf		Flower/ Fruit	
Stunted		Gall		Canker		Mottle/ Mosaic/ Streak		Necrotic	
Elongated		Brown		Girdled		Abnormal or twisted growth		Chlorotic	
Gnarled		Black		Dark lesions		Chlorotic spots		Scabby	
Wilted		Tissue sloughing off		Tip die back		Necrotic spots		Uneven ripening	
Blighted		Root rot				Premature leaf fall		Deformed	
Yellow		Crown rot				Deformed		Rot	
Other		Other		Other		Other		Other	
Approx. date symptoms first appeared:						Have you had this problem before?			

<b>Recent chemicals applied to crops (rate and date/s of application):</b>
<b>Comments:</b>



Choose the tests that you would like performed:

**1. Basic ID of disease or microorganism of interest** **BID**  **\$65+gst**

*An agronomist will perform a visual inspection on the diseased plant. This will give you the disease common name (e.g. black spot) and some general management recommendations. For an additional cost, an agronomist can visit your property and assess the plants on-site.*

Timing: 1 Day												
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**2. Laboratory ID of disease or microorganism (isolation test)** **LID**  **\$175+gst**

*Disease or species of interest will be isolated in the lab, and a general ID (e.g. Fusarium) can be achieved, sometimes to species level*

Timing: 1-2 wks												
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**3. Challenge plating and Pathogen ID** **LID/CP**  **\$615+gst**

*This involves isolating the pathogen of interest and identifying it. Then introducing a chemical or biological agent onto the plate to determine if it will control or suppress the pathogen.*

Timing: 3-6 wks												
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**4. Challenge plating only** **CP**  **\$440+gst**

*This involves isolating the pathogen of interest, then introducing a chemical or biological agent onto the plate to determine if it will control or suppress the pathogen. Pathogen not Identified.*

Timing: 4 wks												
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**5. DNA identification** **DNA ID**  **\$272+gst**

*Determines the genetics of the disease or microorganism of interest. Provides you with the exact species name of interest. Note – requires LID test above as a Prerequisite.*

Timing: 2-3 wks												
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