**Alfalfa Hay Disease testing form**

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| --- | --- |
| **Company:** | |
| **Contact person:** | |
| **Address:** | |
|  | |
| **Phone:** | **PO #:** |
| **Email address:** | |
| **Invoicing email address:** | |

**All Tests available:** Vaa, GMO, AMV, CMV, TSV, Xylella fastidiosa (Alfalfa dwarf), Phytoplasmas (PP), ISO-ID for general diagnosis

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| **Sample Type** *(circle all that apply):*  Cored Dry Hay Fresh Hay  Other: \_\_\_\_\_\_  **Sample ID**  Description of sample:  (Variety, Field ID, Condition, etc.) | | **Verticillium**  Vaa (qPCR) | **GMO**  Roundup Ready RR (qPCR) | **ISO-ID**  Diagnosis of fungal/bacterial diseases (Plating and culture growth) | Choose your own tests | **Additional Requests/Special instructions etc.** | **Symptom Descriptions** (eg. Leaf lesions, wilt, poor growth) |
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I have read and agreed on Terms and Conditions (see website: www.allcropsolutions.com)

Signature: Date: D