**Hemp disease testing form**

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

**All Tests available:** AMV, ArMV, CMV, TMV, TRSV, ToRSV, TSV, BCTV, LCV, HLVd, Phytoplasma (PP)

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| **Sample Type** *(circle all that apply):*  Stem Petioles/Leaves Roots  Other: \_\_\_\_\_\_  **Sample ID**  Description of sample:  (Variety, Field ID, Condition, etc.) | | **HLVd Screening**  HLVd only (PCR) | **Hemp Panel**  AMV, ArMV, CMV, TMV, TRSV, ToRSV, TSV, BCTV, LCV, HLVd, Phytoplasma- PP (PCR) | **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