**Soil Pathogen testing form**

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

**All Tests available:** Fusarium, Verticillium (VD) Phytophthora, Pythium, (measured in Colony forming unit/gram [CFU/g]) Agrobacterium

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| **Sample Type** *(circle all that apply):*  Soil Roots  Other: \_\_\_\_\_\_  **Sample ID**  Description of sample:  (Variety, Field ID, Condition, etc.) | | **Fusarium spp.**  (CFU/g) | **Verticillium dahliae (VD)**  (CFU/g) | **Phytophthora (all species)**  (CFU/g) | **Pythium spp.**  (CFU/g) | **Rhizoctonia spp.**  (CFU/g) | **Sclerotina spp.**  (CFU/g) | **Sclerotium spp. (Southern Blight)**  (CFU/g) | **Macrophomina spp.**  (CFU/g) | **Phoma terrestris (Onion Pink Root)**  (CFU/g) | **Additional Requests/Special instructions etc.** | **Symptom and Field Descriptions** (eg. Leaf lesions, wilt, poor growth), crops grown in soil |
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Signature: Date: D