**Stonefruit disease testing form**

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

**All Tests available:** CLRV, CRLV, LChV1-2, PNRSV, PDV, ToRSV, TRSV, ArMV, PBNSPaV, PLMVd, CVA, CNRMV, CGRMV, ACLSV, ApMV, PRMV, SLRSV, CTLV, PMV, CMLV, Agrobacterium, Phytoplasma (PP)

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| **Sample Type** *(circle all that apply):*  Cane Petioles/Leaves Roots Trunk  Flower/Fruit Other: \_\_\_\_\_\_  **Sample ID**  Description of sample:  (Variety, Field ID, Condition, etc.) | | **Stonefruit Panel**  CLRV, CRLV, LChV1-2, PNRSV, PDV, ToRSV, TRSV, ArMV, PBNSPaV, PLMVd, CNRMV, PRMV, SLRSV, Phytoplasmas (PP) | **Cherry Panel**  LChV1,2, Phytoplasmas (PP) | **Choose your own tests** | **ISO-ID**  Diagnosis of fungal/bacterial diseases (Plating and culture growth) | **Agrobacterium** | **Phytoplasma (PP)** | **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