**STONEFRUIT DISEASE TESTING FORM**

**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)

**Sample Type (circle all that apply):**
- Cane
- Petioles/Leaves
- Roots
- Trunk
- Flower/Fruit
- Other: ______

**Sample ID**
**Description of sample:** (Variety, Field ID, Condition, etc.)

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**Sample Type**
- Stonefruit Panel: CLRV, CRLV, LChV1-2, PNRSV, PDV, ToRSV, TRSV, ArMV, PBNSPaV, PLMVd, CVA, CNRMV, CGRMV, ACLSV, ApMV, PRMV, SLRSV, CTLV, PMV, CMLV, Agrobacterium, Phytoplasma (PP)
- Cherry Panel: LChV1-2, Phytoplasmas (PP)
- Choose your own tests
- ISQ-ID: Disease diagnosis (Plating and culture growth)
- Agrobacterium
- 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: ________________________

**Tel:** (707) 693-3050; (530) 387-3270  **Email:** info@allcropsolutions.com

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