**Grapevine disease testing form**

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

**All Tests available:** GLRaV1,2,3,4,5,7,9, RG, GVA, GVB, GVD, GFLV, GRBaV, RSPaV, RSPaV-Sy, GFkV, ToRSV, Pierce’s disease (XF), GPGV, Carnelian, TRSV, ArMV, Phytoplasma, Agrobacterium, Vine decline (Pal, Pch, Cyl), Cancer fungi, GPM

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| **Sample Type** *(circle all that apply):*  Canes Petioles Roots Trunk/GU  Other: \_\_\_\_\_\_  **Sample ID**  Description of sample:  (Variety, Field ID, Condition, etc.) | | **Short screen panel**  LR1, 2, 3, GVB, FL, GRBaV | **Wide screen panel**  LR1,2,3,4,5,7,9 ,LR2-RG, GVA,GVB,GVD,GFLV, RSPaV, GFkV , GRBaV | **Leafroll panel**  LR1,2,3,4,5,7,9,GVB, GRBaV ) | **Spring panel**  (GFLV, ToRSV, TRSV, ArMV) | **Vine decline panel**  (Pal, Pch,Cyl) | **Canker fungus panel**  (Eutypa, Botryosphaeria, Phomopsis) | **Agrobacterium** | **Choose/Add on your own tests**  (Panel+XF,GPGV,RSPaV-Sy) | **Additional tests/Instructions** (such as fungal diagnosis) special instructions etc., symptom description |
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I have read and agreed on Terms and Conditions (see website: www.allcropsolutions.com)

Signature: Date: D