**Spore testing form**

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

**All Tests available:** Please call our office for available laboratory tests and turnaround time for your specific needs

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| **Sample Type** *(circle all that apply):*  Spore Rods  Other: \_\_\_\_\_\_  **Sample ID**  Description of sample:  (Variety, Field ID, Condition, etc.) | | **GPM**  Grapevine powdery mildew (Erysiphe necator) | **BOT**  ***Botryosphaeria sp.*** | **Eutypa**  ***Eutypa lata*** | **Special Instructions** |
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I have read and agreed on Terms and Conditions (see website: www.allcropsolutions.com)

Signature: Date: D