



SPORE TESTING FORM

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

#	Sample Type <i>(circle all that apply):</i> 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: _____

Tel: (707) 693-3050; (530) 387-3270

Email: info@allcropsolutions.com

Send all packages to: 7769 N. Meridian Rd., Vacaville, CA 95688