



Plant Pathology Identification Submission Form

Date _____ Order Number _____

1. Contact Information and Location

Name: _____

Company: _____

Address: _____

Email: _____

City, State, Postcode: _____

Phone: _____ E-mail: _____ Fax: _____

Mobile: _____

2. Sample Information

Target (Please Circle): Nematodes Disease Root Health Assessment Mites

Client Name: _____

Sample Name: _____

Turf Species: _____

Age of Turf (Please Circle): Mature Newly seeded /sodded/sprigged

3. Symptoms:

Distribution (Please Circle): None Localised Random Widespread

When did symptoms start? _____

Symptom Type: _____

4. Fungicidal / Insecticidal Usage

Chemicals applied in the last four weeks: _____

5. Other Comments:

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