

Sample sheet *ARNea Phytodiagnostica, S.L.* (please enclose with your samples)

INFORMATION OF THE CROP

Grower:

Address:

CP:

Town:

State:

Country:

Your reference:

Date of sampling:

Crop:

Variety:

Date of sowing:

Former crops:

Treatments:

Number of samples:

Type of samples (whole plant, leaves, stems, fruits):

DESCRIPTION OF SYMPTOMS:

Distribution: Whole crop Located Dispersed

Symptoms on: Leaf Stem Fruit

Type of symptoms: Mosaic Dents Filiformism

 Necrosis Ringspot Other

Observations:

SAMPLE DELIVERED BY:

Name:

Address:

Telephone:

REQUIRED ANALYSIS:

Virus:

Funghi:

Bacteria:

SEND RESULT TO:

Name:

Company:

Address:

Telephone:

Fax:

e-mail:

Our Ref.:

Date of reception:

Client #: