

AL&L CROP SOLUTIONS, GRAPEVINE DISEASE TESTING FORM

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Company:	
Contact person:	
Address:	
Phone:	Fax:
Email address:	

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

	Sample ID Description of sample: (variety, field ID, condition)	Short screen panel LR1, 2, 3, GVB, FL, GRBaV (Optional: Xf)	Wide screen panel LR1,2,3,4,5,7,9, LR2-RG, GVA, GVB, GVD, GFLV, RSPaV, GFkV, GRBaV (Optional: (RSPaV-Sy, XF)	Leafroll panel (LR1,2,3,4,5,7,9, GVB, GRBaV)	Spring panel (GFLV, ToRSV, TRSV, ArMV)	Vine decline panel (Pal, Pch, Cyl)	Agrobacterium	Choose your own tests	Other tests (such as fungal diagnosis) special instructions etc.
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I have read and agreed on Terms and Conditions (see website: www.allcropsolutions.com)

Signature: _____ Date: _____