AL&L Crop Solutions
Plant Disease Diagnostic Laboratory

HEMP DISEASE TESTING FORM

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

All Tests available: AMV, ArMV, CMV, TMV, TRSV, ToRSV, TSV, BCTV, LCV, HLVd, Phytoplasma (PP)

	Sample Type *(circle all that apply):* Stem Petioles/Leaves Roots Other: _____ **Sample ID** Description of sample: (Variety, Field ID, Condition, etc.)	**HLVd Screening** HLVd only (PCR)	**Hemp Panel** AMV, ArMV, CMV, TMV, TRSV, ToRSV, TSV, BCTV, LCV, HLVd, Phytoplasma- PP (PCR)	**ISO-ID** Diagnosis of fungal/bacterial diseases (Plating and culture growth)	**Choose your own tests**	**Additional Requests/Special instructions etc.**	**Symptom Descriptions** (eg. Leaf lesions, wilt, poor growth)
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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