AL&L Crop Solutions
Plant Disease Diagnostic Laboratory

SOIL PATHOGEN TESTING FORM

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

All Tests available: Fusarium, Verticillium (VD) Phytophthora, Pythium, (measured in Colony forming unit/gram [CFU/g]) Agrobacterium

Sample Type *(circle all that apply):* Soil Roots Other: _____ **Sample ID** Description of sample: (Variety, Field ID, Condition, etc.)		**Fusarium spp.** (CFU/g)	**Verticillium dahliae (VD)** (CFU/g)	**Phytophthora (all species)** (CFU/g)	**Pythium spp.** (CFU/g)	**Rhizoctonia spp.** (CFU/g)	**Sclerotina spp.** (CFU/g)	**Sclerotium spp. (Southern Blight)** (CFU/g)	**Macrophomina spp.** (CFU/g)	**Phoma terrestris (Onion Pink Root)** (CFU/g)	**Additional Requests/Special instructions etc.**	**Symptom and Field Descriptions** (eg. Leaf lesions, wilt, poor growth), crops grown in soil
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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

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