



STONEFRUIT DISEASE TESTING FORM

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

All Tests available: CLRV, CRLV, LChV1-2, PNRSV, PDV, ToRSV, TRSV, ArMV, PBNSPaV, PLMVd, CVA, CNRMV, CGRMV, ACLSV, ApMV, PRMV, SLRSV, CTLV, PMV, CMLV, Agrobacterium, Phytoplasma (PP)

	Sample Type <i>(circle all that apply):</i> Cane Petioles/Leaves Roots Trunk Flower/Fruit Other: _____ Sample ID Description of sample: (Variety, Field ID, Condition, etc.)	Stonefruit Panel CLRV, CRLV, LChV1-2, PNRSV, PDV, ToRSV, TRSV, ArMV, PBNSPaV, PLMVd, CNRMV, PRMV, SLRSV, Phytoplasmas (PP)	Cherry Panel LChV1,2, Phytoplasmas (PP)	Choose your own tests	ISO-ID Diagnosis of fungal/bacterial diseases (Plating and culture growth)	Agrobacterium	Phytoplasma (PP)	Additional Requests/Special instructions etc.	Symptom Descriptions (eg. Leaf lesions, wilt, poor growth)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

☐ 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