AL&L Crop Solutions
Plant Disease Diagnostic Laboratory

GRAPEVINE DISEASE TESTING FORM

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

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

Sample Type *(circle all that apply):* Canes Petioles Roots Trunk/GU Other: _____ **Sample ID** Description of sample: (Variety, Field ID, Condition, etc.)		**Short screen panel** LR1, 2, 3, GVB, FL, GRBaV	**Wide screen panel** LR1,2,3,4,5,7,9 ,LR2-RG, GVA,GVB,GVD,GFLV, RSPaV, GFkV , GRBaV	**Leafroll panel** LR1,2,3,4,5,7,9,GVB, GRBaV)	**Spring panel** (GFLV, ToRSV, TRSV, ArMV)	**Vine decline panel** (Pal, Pch,Cyl)	**Canker fungus panel** (Eutypa, Botryosphaeria, Phomopsis)	**Agrobacterium**	**Choose/Add on your own tests** (Panel+XF,GPGV,RSPaV-Sy)	**Additional tests/Instructions** (such as fungal diagnosis) special instructions etc., symptom description
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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