HLB Lab Sample Submission Form

Client:
This is the person submitting samples and the lab's contact for correspondence
*Name: ___________________________________________________

Association (Company): ______________________________________

Address: __________________________________________________
City: ___________________________ State: ______ Zip: ___________
Phone: _________________________ [ ]Office [ ]Other: ___________
__________________________________ [ ]Cell [ ]Other: ___________
Fax: ______________________________________________________

*E-Mail Address: __________________________
*Preferred Method of Contact for Receiving Results:
[ ] E-Mail [ ] Fax [ ] Mail

Sample Location:
This is the grove or nursery where samples were taken
[ ] Check here for Residential Samples
[ ] Check here if Sample Location is the same as Client Address
(please still provide County and Grove Name, if applicable)

*Grove Name: ______________________________________________

*County: ___________________________________________________

Date Samples Sent to Lab: ______________________________________

Sample Information must include Sample ID and/or unique identifying Block/Row/Tree information

| Lab Use Only | Lab ID | Sample ID | Date Sampled | Variety | Rootstock | Block | Row | Tree | Township | Range | Section | Latitude | Longitude | Age (yrs) | Size (ft) |
|--------------|-------|-----------|--------------|---------|-----------|-------|-----|------|-----------|-------|---------|----------|-----------|-----------|----------|-----------|----------|-----------|
|              |       |           |              |         |           |       |     |      |           |       |         |          |           |           |          |           |          |           |
|              |       |           |              |         |           |       |     |      |           |       |         |          |           |           |          |           |          |           |
|              |       |           |              |         |           |       |     |      |           |       |         |          |           |           |          |           |          |           |
|              |       |           |              |         |           |       |     |      |           |       |         |          |           |           |          |           |          |           |

Comments: __________________________________________________________________________
__________________________________________________________________________________

Page ____ of ____

Date Received by Lab: ________________________