Client:							Sample Location: UNIVERSITY OF													
*Name:Association (Company):Address:							This is the grove or nursery where samples were taken  [] Check here for Residential Samples  Institute of Food and Agricultural Sciences													
																		[ ] Check here if <u>Sample Location</u> is the <i>same</i> as <u>Client Address</u> (please still provide County and Grove Name, if applicable)		
							City: State: Zip:					*Grove Name:								
							Phone: [ ]Office [ ]Other:					Individual fields within a Grove or Company are not to be listed for the Grove Name.  Please list fields, if applicable, in the comments section at the bottom of the page.								
			[]Cell [	]Other:		Add	dress:													
Fax:							City: State: Zip:													
						*Co	unty:													
		Contact for Rece																		
[] E-Mail [] Fax [] Mail					Date Samples Sent to Lab:															
tems marke	d with an asteris	sk (*) are required i	nformation																	
	mation must inc	lude Sample ID and	d/or unique io	lentifying Bloc	k/Row/Tree info	ormation														
Lab Use Only	Sample ID	Date Sampled	Variety	Rootstock	Block	Row	Tree	Township	Range	Section	Latitude	Longitude	Age (yrs)	Size (ft)						
_											_		_							

Lab ID	Jampie ID	Date Sampleu	variety	NOOLSLOCK	DIUCK	NOW	1166	TOWNSHIP	Nange	Section	Latitude	Longitude	Age (yrs)	3126 (11)
				_	_									
			· ·								·			

Comments:		Page of
	Date Received by Lab:	
	· -	