

# HLB Lab Sample Submission Form

Ship Samples To: HLB Lab, UF-IFAS-SWFREC, 2685 SR 29 N, Immokalee, FL 34142

## 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

Items marked with an asterisk (\*) are required information

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

## 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: \_\_\_\_\_

*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.*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*County: \_\_\_\_\_

Date Samples Sent to Lab: \_\_\_\_\_



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

Comments: \_\_\_\_\_

Date Received by Lab: \_\_\_\_\_