

## CONTACT &amp; DELIVERY DETAILS

Delivery address: Berrimah Farm Science Precinct, BAL Building, 29 Makagon Road, Berrimah NT 0828	Postal address: GPO Box 3000 Darwin NT 0801	Phone: 08 8999 2218 Email: <a href="mailto:plant.pathology@nt.gov.au">plant.pathology@nt.gov.au</a>
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## PLANT DISEASE DIAGNOSIS REQUEST FORM

## Notes for submission:

- Use one submission form per sample
- Do not place form in direct contact with the sample
- Avoid sending samples over the weekend
- Email pictures to [plant.pathology@nt.gov.au](mailto:plant.pathology@nt.gov.au)

## 1. ENQUIRER'S DETAILS

\* Diagnostic report will be sent to the enquirer

Enquirer's name*			
Company / Agency			
Postal address (include postcode)			
Phone (BH)		Mobile	
Email			Send report by: <input type="checkbox"/> Email <input type="checkbox"/> Post
Enquiry category	<input type="checkbox"/> Grower <input type="checkbox"/> Nursery <input type="checkbox"/> Householder <input type="checkbox"/> Private consultant <input type="checkbox"/> Biosecurity <input type="checkbox"/> NAQS <input type="checkbox"/> DITT Staff <input type="checkbox"/> Other:		
Submitter (if not enquirer)			

## 2. PROPERTY OF COLLECTION DETAILS

Name of property			
Property address			
Property contact person			
Phone		Email	
Planting / Orchard	<input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial	How many plants present?	
Location of collection			
GPS coordinates <i>Decimal degrees</i>			

## 3. TESTS REQUIRED

<input type="checkbox"/> Routine diagnosis	OR	<input type="checkbox"/> Test only for:
<input type="checkbox"/> Other request		

<b>Suspected disease / pathogen:</b>			
<b>4. SAMPLE DETAILS</b>			
<b>Plant common name</b>		<b>Variety</b>	
<b>Plant genus and species</b> (if known)			
<b>Type of sample</b>	<input type="checkbox"/> Seedlings <input type="checkbox"/> Potted plant <input type="checkbox"/> Whole plant <input type="checkbox"/> Leaves <input type="checkbox"/> Fruits <input type="checkbox"/> Flowers <input type="checkbox"/> Stems <input type="checkbox"/> Branches/Twig <input type="checkbox"/> Soil <input type="checkbox"/> Roots <input type="checkbox"/> Other:		
<b>No. of plants sampled</b>	<input type="checkbox"/> One plant <input type="checkbox"/> Multiple plants - how many plants?		
<b>Collector(s):</b>			
<b>Collector's sample No:</b>		<b>Date collected</b>	
<b>Symptoms and relevant background information</b> (e.g. affected plant parts, age, number, % and distribution of affected plants, severity of damage, date symptoms first observed, progression of symptoms, recent sprays, growing conditions, crop history, soil type, pH and drainage, watering practices, previous diagnoses):			
<b>5. PLANT PATHOLOGY LABORATORY USE ONLY</b>			<input type="checkbox"/> <b>Databased</b>
<b>Date:</b>	<b>Received by:</b>	<b>Assigned to:</b>	
<b>Sample purpose</b>	<input type="checkbox"/> Diagnosis <input type="checkbox"/> Research <input type="checkbox"/> Plant ID <input type="checkbox"/> Other:		