

# PEST LABORATORY

## Entomology Order Form



**Courier to:** PestLab, AsureQuality Ltd, 131 Boundary Road, Blockhouse Bay, Auckland

Customer Reference	Purchase Order	PestLab use only:
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Invoice and reply to:	Copy of reply to:
Business Name:	Business Name:
Invoice Address:	Address:
Contact Person:	Contact Person:
Phone / mobile:	Phone / mobile:
Email:	Email:

### Sample Details:

Host material / Plant / Product / Commodity: \_\_\_\_\_

Growing location / Geographical origin of specimen: \_\_\_\_\_

### Services Required:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> For Export Certification | <input type="checkbox"/> Biology        | <input type="checkbox"/> Photomicrography |
| <input type="checkbox"/> Insect / Pest ID         | <input type="checkbox"/> Distribution   | <input type="checkbox"/> Molecular ID     |
| <input type="checkbox"/> Food Forensic            | <input type="checkbox"/> Pest Screening | <input type="checkbox"/> Other _____      |

### Comments / Questions / Damage / Symptoms / Other Information:


<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
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