## **Pest Laboratory Order Form**





Customer Reference/Order No:			PestLab use only:
Reply and invoice to:		Copy of reply to:	
Business Name:		Business Name:	
Postal Address:		Postal Address:	
Contact Person:		Contact Person:	
Phone:		Phone:	
Email (or Fax):		Email (or Fax):	
Mobile:		Mobile:	
Host Plant / Produce / Product:		Growing Location / Or	rigin Of Specimen:
Services Required:	Comme	ents / Questions / Othe	r Information:
Insect / Pest ID Food Contaminant			
Nematode ID Control Advice			
PCN No. of Cores:  Other Harmful Nematodes No. of Cores:			
Growing Media (Soil-less)  Soil			
ARE THESE TESTS FOR EXPORT CERTIFICATION?			continue overleaf if necessary
Signature:	Date:		Please send Diagnostic Order Forms:
Courier to: PestLab, AsureQuality Ltd, 131 Boundary Road, Blockhouse Bay, Auckland NB: Please send seed samples to: Seedlab, AsureQuality Ltd, Batchelor Centre, Tennent Drive, Palmerston North			
Pestlab reply:			
A printed report is the normal reply format. A handwritten reply will be completed if it is more appropriate or has been agreed with the customer.			
PestLab Diagnostician:	Date:		Details of the methodology used in any identification(s) listed above are available on request.

For more information call us free on **0508 00 11 22** or email us at: **pestlab@asurequality.com**Download this Form from our website at: www.asurequality.com/our-industries/horticulture/pest/ [PESTLAB TP01 F1-4.1]