



Department of
Jobs, Precincts
and Regions

AgriBio – Crop Health Services
SAMPLE RECEPTION - MAIN LOADING DOCK
5 Ring Rd, La Trobe University Campus,
Bundoora, Victoria, 3083
Phone: 03 9032 7323 Fax: 03 9032 7604
Email: chs.reception@agriculture.vic.gov.au

CHS SPECIMEN SUBMISSION FORM

LAB USE
ONLY
AgriBio
Submission No.

Date specimen received (Office use):

Submission reason: **BROADACRE SEED TESTING**

CLIENT INFORMATION

Title: _____		Name: _____		Email: _____	
Business name: _____				Grower name: _____	
				Sample location: _____	
Postal address: _____					
Postcode: _____		State: _____		Phone: _____	
				Fax: _____	

SPECIMEN DETAILS

Date specimen collected: _____		Date specimen forwarded: _____		Paddock name: _____	
Accession no.: _____			Location/Grid ref.: _____		
			PO no.: _____		

TYPE OF SPECIMEN SUBMITTED

Wheat	Barley	Chickpea	Faba bean	Field pea	Lentil	Lupin	Vetch	Other (please specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test type requested (400 seeds per sample to be tested): Pulse seed (excluding lupin): Ascochyta blight and Botrytis (Chocolate spot in Faba bean) Lupin seed test: Brown leaf spot and Phomopsis Pulse viruses: CMV, AMV, PSbMV, and BYMV Wheat tops: Glume blotch, Fusarium (no species ID) Fusarium spp: Fusarium spp. Identification Individual test: Please contact Crop Health services for details Other: Other tests are also available, please contact Crop Health Services for details	Pulse seed	Pulse viruses	Wheat tops	Fusarium spp	Individual	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Symptoms:

Symptom pattern:	Middle	Edges	Patches	Scattered	Along rows	Random	Whole crop
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BACKGROUND INFORMATION

Percentage crop affected:	%		Age of plants		Problem evident previously?	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drainage:	Good	Fair	Poor		If Yes, when?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Soil type:	Sand	Loam	Clay			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Spray & Fertiliser applications:

Client signature: _____

NOTE: Should you wish to cancel tests recommended by CHS after receiving your Interim Report, please contact us within 24 hours to do so. If tests are cancelled, a minimum fee may apply.

Accredited for compliance with ISO/IEC 17025 - Testing Accreditation No 14477