

Sample information sheet

Submitted by:
Address:

Account/reply to:
Address:

Total no. of samples:

Collected by:

Phone/fax
Email

Phone/fax
Email

Date sampled:

Sample no.	Grower's name	Sample details	Soil type	Area of field (ha)	Cropping status		
					Crops in last 2 years	Current status (crop or fallow)	Next crop

Tick test/s required	State reasons tests are required	Background agronomic information (e.g. description of symptoms, chemicals used, type of irrigation, soil management practices)
Nematodes <input style="width: 20px; height: 15px;" type="checkbox"/> Root diseases <input style="width: 20px; height: 15px;" type="checkbox"/> Soil health <input style="width: 20px; height: 15px;" type="checkbox"/> Other <input style="width: 20px; height: 15px;" type="checkbox"/>		