

SAMPLE COLLECTION and SUBMISSION FORM

Please complete items 1 – 6(a-f); add comments if necessary.

1. Name of Company/Grower:		2. Contact Person:	
3. Address:			
4. Phone Number:		5. E-mail Address:	
Sample Information (use additional sheet(s) if necessary):			
6a. Grove Location (where samples were collected):			
6b. Date Collected		6c. Variety	6d. Grove Age
6e. Unique Sample ID #	6f. Tree location (i.e., Block/Row/Tree#, GPS points); must be sufficient to relocate the specific tree sampled	6e. Unique Sample ID #	6f. Tree location (i.e., Block/Row/Tree#, GPS points); must be sufficient to relocate the specific tree sampled
6. Any additional comments:			
APCD Laboratory Use Only			
Received by:		Date Received:	
Laboratory Notes / Comments:			

Reminder: Pursuant to CDFA Permit requirements, any HLB positive or “inconclusive” results will be reported directly to CDFA by the Alliance of Pest Control Districts laboratory.