

Agdia Testing Services Sample Submission Form

Agdia Incorporated
30380 County Road 6
Elkhart, Indiana 46514 USA

Phone: 1-800-622-4342
Fax: 574-264-2153
e-mail: testing@agdia.com

Please submit samples via overnight courier (Fed Ex, UPS, etc.)

Sample Submitted by:

Submitter's Name: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

Send invoice to: Check here if same as above

Company: _____ Attn: _____
Address: _____ City: _____ State: _____ Zip: _____

Method of payment:

Bill to purchase order number: _____
 Check Enclosed
 American Express Visa Mastercard Account Number: _____
Exp. date: _____ Cardholder's Signature: _____

Send extra copy of report to: All results are confidential to submitter. A copy of the report will automatically be sent to submitter via fax and mail. If you want someone else to receive a copy please complete this section. This section must be completed if releasing results to parties other than the original submitter.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Submitter's name (print): _____ Signature: _____

Sample identification: (e.g. Impatiens 'agdia medley' 001) For multiple requests use multiple forms.

	Sample I.D.		Sample I.D.
1		6	
2		7	
3		8	
4		9	
5		10	

Test(s) requested*:

*If you are not sure which pathogens to test for, we recommend one of our screens. These contain tests for frequently encountered viral pathogens of a particular crop. Please feel free to call us to ask which screen suits your crop best.