

FITO

FORM

PLANT HEALTH DIAGNOSTICS – SAMPLE SUBMISSION FORM

Identification: 02D-Obr01-08-engl

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Level of confidentiality: PT-(I,Z) Valid since: 12-12-2023

NIB reference (for internal use only)

CLIENT						
Name and surname			Your reference			
Company			Purchase order no.			
Address			Name and address for invoice (if			
Phone			different)			
Mobile			VAT no.			
FAX			E-mail			
THE SAMPLE To help us with our diagnosis, please try and fill in as much as possible.						
Plant genus, species and variety						
Type of material (e.g. tubers, twigs, roots, water etc.)						
Propagation/planting method (e.g. seed, cuttings etc.)						
Age of plants or sowing date						
Are the plants grown outside, or is it a stored product?						
THE PROBLEM						
Symptom type (e.g. rot, leaf spot, dieback etc.)						
What do you think the cause might be? (Bacteria, Fungi, Pect, Nematode, Virus, Unknown)						
Distribution of symptoms (part of plants affected.)						
When was the problem first observed?						
If you would like to test for a organism please state it he						
I hereby authorise the National Institute of Biology, Slovenia to carry out testing on this sample and agree to the communicated terms and conditions.						
Signed:			Date:			

Please, send your sample to: The National Institute of Biology, Dept. Of Biotechnology and Systems Biology, Večna pot 121, SI-1000 Ljubljana, Slovenia.