

Grapevine Plant Health Services

Grapevine Disease Testing Order Form

Company: _____

Name (Contact person): _____

Address: _____

Phone(s): _____ Fax: _____

Email address: _____ Date: _____

Type of grapevine selection:

___ Table/Raisin ___ Wine ___ Rootstock

Origin of plant material:

___ State certified ___ Field selection or clone

Source vineyard location Row: _____

Age of vineyard: _____

Do you suspect disease? ___ Yes ___ No

If yes please specify extent of infection and what disease you suspect:

Have you observed symptoms in patchy areas of the vineyard? ___ Yes ___ No

Are vines grafted to rootstock? ___ Yes ___ No

If yes, please specify rootstock: _____

Was the field surveyed for nematodes/mealybugs/other? ___ Yes ___ No

If your answer is yes, please specify results

PLEASE FILL OUT THE OTHER SIDE OF THIS PAGE

RESULTS YOU CAN TRUST

Eurofins BDI Laboratories, Inc.

7240 Holsclaw Road • Gilroy, CA 95020 • (408) 846-9964

<http://www.eurofinsus.com/biodiagnostics>

Testing services needed (please check or complete the appropriate box):

Please follow instructions for sampling for each panel or specific pathogen. Please label each bag with sample/vine number and visibly mark the vine to facilitate later sampling.

See “Specific Sampling Instructions” for test details of HealthCheck™ Panels A, B, C, D, CG, PD, and Fungal or call us.

	Grape Variety /Vineyard location/Field ID	Panel A	Panel B	Panel C	Panel D	Panel CG	Panel PD	Fungal\ Other
1								
2								
3								
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Special instructions or comments:

Please complete this form and return to Eurofins BDI Labs with sample shipment (Attn: Raquel Salati),
CDFA (California samples) and USDA (samples from outside of California) Codes requires that the box should be clearly marked with the following information: The name and address of the shipper or owner, the name and address of the person to whom the shipment is sent, the name of the country, state, county, or territory where the plants were grown, and a statement of the contents. Thank you for completing this form!

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