

Indsend prøvetil
Eurofins Agro Denmark

Ladelundvej 85

DK 6600 VEJEN

Denmark

Client number

8115818

Indsender

Navn: _____

Adresse: _____

Pontnr+by: _____

Tlf.: _____

E-mail: _____

CVR: _____

Client reference
appears on invoice

Test code

780 : PlantDoctor

785 : PlantDoctor Virus

Sample taken at client number:

Nr. of samples

Date of

sampling
dd - mm - year

Code RM

H508

Advice

10

10 = Yes

11 = No

Administration

40

Eurofins Agro offers crop and customer specific advice to growers based on a full package of analytical services. Eurofins Agro is the leading laboratory in both agriculture and horticulture in the Netherlands and is accredited by RvA.

Diagnostic service

PlantDoctor general - code 780

Why : determine which plant pathogen causes the problem

How : send 350g leaves / roots or a complete plant

PlantDoctor virus - code 785

Why : to determine if a virus infected the plant / seed

How : send 350g of leaves or 3000 seeds

Eurofins Agro
test nr.

Sample nr.

Sample
identification

(max 25 pos.)

Crop Name _____
 Variety _____

Infestation Total number of plants _____
 % loss _____

Symptoms	Infected part	Grond	Symptoms	Site
wilt <input type="checkbox"/>	stem <input type="checkbox"/>	loam <input type="checkbox"/>	complete crop <input type="checkbox"/>	open field <input type="checkbox"/>
yellowing <input type="checkbox"/>	root <input type="checkbox"/>	clay <input type="checkbox"/>	edges <input type="checkbox"/>	greenhouse <input type="checkbox"/>
callus <input type="checkbox"/>	leaf <input type="checkbox"/>	peat <input type="checkbox"/>	irregular <input type="checkbox"/>	container field <input type="checkbox"/>
die-back <input type="checkbox"/>	flower <input type="checkbox"/>	sand <input type="checkbox"/>	high places <input type="checkbox"/>	_____ <input type="checkbox"/>
rot <input type="checkbox"/>	fruit <input type="checkbox"/>	_____ <input type="checkbox"/>	low spots <input type="checkbox"/>	
leaf burn <input type="checkbox"/>	overhead <input type="checkbox"/>		wet spots <input type="checkbox"/>	When did the _____
leaf drop <input type="checkbox"/>	eb/flow <input type="checkbox"/>	Substrate	dry spots <input type="checkbox"/>	infection start ? _____
leaf spot <input type="checkbox"/>	drip <input type="checkbox"/>	rockwool <input type="checkbox"/>	sunny places <input type="checkbox"/>	Do the _____
lines on the leaf <input type="checkbox"/>		potting-soil <input type="checkbox"/>	shady places <input type="checkbox"/>	symp-toms _____
mosaic <input type="checkbox"/>	recirculation yes/no	_____ <input type="checkbox"/>	specific variety <input type="checkbox"/>	increase? _____
blight <input type="checkbox"/>	disinfected yes/no		one table <input type="checkbox"/>	_____

Remarks

Please mention the applied pest and/or disease control measures:

Please describe the problem in your crop:

(e.g. rotten roots, plants still green, typical pattern on leaf, shoot, disformage)

