

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 STA Laboratories, Inc.

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

www.eurofinsus.com/grapevine-testing

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, CG, PD, RB and Fungal or call us.

	Grape Variety /Vineyard location/Field ID	Panel A	Panel B	Panel CG	Panel PD	Panel RB	Fungal /other
1							
2							
3							
4							
5							
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25							

Special instructions or comments:

Please complete this form and return to Eurofins STA Labs with sample shipment (Attn: Judit Monis or Laura Miles),

CDFA Code 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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