

INSECT DIAGNOSTIC SERVICE

SPECIMEN FORM

(Laboratory Use Only)

ID No:
DATE received:/...../.....

Courier samples to:
 Entomology Unit
 C/-SARDI, Waite Campus
 Waite Building
 First floor, East Wing
 Waite Rd Urrbrae 5064

Diagnosis is made on plant, soil, trap and insect samples received. To make the best use of this service it is important that samples sent are representative of the field situation, are packaged appropriately and arrive in good condition. Otherwise the diagnosis may be of little help.

I understand that the diagnosis provided is limited to the samples received and that the results may not identify the extent of the problems in the field.

The Minister, his servants and agents accept no liability for any loss incurred as a result of inadequate samples or incorrectly collected samples, damage to the sample during delivery or postage, or any other interference to samples, or inadequate, incorrect or misleading information provided by the client.

I further acknowledge and agree that the results are provided on the basis of such standard testing procedures and scientific information as are currently available to SARDI, and accordingly that the liability of the Minister, his servants and agents is confined to negligence in the application of the said procedures and information.

Send samples to:
 Entomology Unit, SARDI
 GPO Box 397
 Adelaide SA 5001
Telephone:
 08 – 8303 9544/39
Facsimile
 08 – 8303 9542

SIGNED: Date:/...../.....

| | | | | | |
|---------------------------------|---------------------------------------|---------------------------------|----------------------------|---------------------------|-----------------------------|
| CHARGE TO: | INVOICE: | REPORT TO: | | | |
| <input type="radio"/> Client | <input type="radio"/> with report | <input type="radio"/> Client | <input type="radio"/> Post | <input type="radio"/> Fax | <input type="radio"/> Email |
| <input type="radio"/> Submittee | <input type="radio"/> monthly account | <input type="radio"/> Submittee | <input type="radio"/> Post | <input type="radio"/> Fax | <input type="radio"/> Email |

CLIENT INFORMATION: *(person to be billed)*

Name:
Business Name:
Postal Address:
Suburb/Town: **State:** **Postcode:**
Telephone: () **Facsimile :** ()
E-mail: **ABN Number:**
Location of property (if other than postal address):

SAMPLE SUBMITTED BY: *(if not as above)* **Date sent:**/...../.....

Name:
Location/Address:
Telephone: () **Facsimile :** ()
E-mail: **ABN Number:**

REFER OVERLEAF TO RECORD SPECIMEN DETAILS

INSECT DIAGNOSTIC SERVICE

SPECIMEN FORM - *continued*

SPECIMEN DETAILS: (very important please complete)

Host: **Date collected:**/...../20....

Plant Part/s affected leaves roots whole plant other

Collection location: Hundred Town/City..... Lat/Long

Specimen submitted: plant soil Sticky Trap other

Service required: Insect Identification Only Insect Identification + Biological Information

(*see costs below*) Sticky Trap (presence or absence of Western Flower Thrips only)

Other

Background information (eg symptoms, growing conditions, previous sprays/fertilisers, crop history, area affected and pattern of damage, number of sticky traps submitted):

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

COSTS:

The Entomology Unit offers the following services:

Insect Identification Only

Insect Identification + Biological Information

Sticky Trap (presence or absence of Western Flower Thrips).....

Sticky Trap (other than Western Flower Thrips).....

Prices will be scheduled on application for full cost recovery.

FOR MORE INFORMATION

For further information regarding the services offered please contact the Entomology Unit
Or www.sardi.sa.gov.au/pestsdiseases/diagnostic_service/insect_diagnostic_service