Company name :……………………………………… Client number :………………………………………

Address :……………………………………… Reference number invoice :………………………………………

Zip Code – City :………………………………………

Contact person :……………………………………… Language : [ ]  Dutch [ ]  Eng

E-mail address :……………………………………… Crop :………………………………………

Phone number :……………………………………… Origin material :………………………………………

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nr.** | **Number of Naktuinbouw** | **Sample identification** | **Variety** | **Number of samples** | **Number of leaves** | **Number of tests** | **Test on (what kind of virus, bacteria, fungus etc.)** | **Method (ELISA, PCR etc.)** | **Remarks** |
| 1. |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |

**Send to Naktuinbouw Laboratory:** City:

Postbus 40, 2370 AA ROELOFARENDSVEEN

Phone number: (071) 332 62 40 – laboratoria@naktuinbouw.nl Date:

 Signature: