

Date of posting or submitting sample:

Your reference:

Received by:

| <p>Grower/Business Name and address:</p> <p>tel.:</p> <p>email:</p> <p>VAT: none / BE</p> | <p>Intermediary Name and address :</p> <p>tel.:</p> <p>email:</p> <p>VAT: none / BE</p> | | | | | | | | | | | | | | | | | | |
|---|--|-----------------------|-----------------------|--|----------------|------|-------|----------|-----------------------|-----------------------|-----------------------|--------------|-----------------------|-----------------------|-----------------------|-------------|-----------------------|-----------------------|-----------------------|
| <p>Third party (in case of external invoicing) Name and address :</p> <p>tel.:</p> <p>email:</p> <p>VAT: none / BE</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">Result</th> <th rowspan="2" style="text-align: center; border-bottom: 1px solid black;"><u>Invoice</u></th> </tr> <tr> <th style="text-align: center;">post</th> <th style="text-align: center;">email</th> </tr> </thead> <tbody> <tr> <td>Business</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Intermediary</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Third party</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table> | | Result | | <u>Invoice</u> | post | email | Business | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Intermediary | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Third party | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Result | | <u>Invoice</u> | | | | | | | | | | | | | | | | |
| | post | email | | | | | | | | | | | | | | | | | |
| Business | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | |
| Intermediary | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | |
| Third party | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | |

Sample: plant seed stored goods insect fungus
 water fertiliser solution soil substrate other

Plant species/variety:

Sample date:

Place/town of sampling:

Grown in : greenhouse hydro open air in the field

Prior crop:

Subsequent crop :

Damage on: leaf flower stem fruit base of plant root/bulb seed

Description of the problem / organism to be determined / request for analysis

Occurrence: general localised sporadic

When was the problem first noticed :

Which plant protection products have been applied (indicate date and dosage):

Comments: