WESTERN LABORATORIES, INC.

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Disease Submission Form

Dealer		**Crop Advisor**			
Email Address					
Grower Name					
Billing Address					
City		**State**		**Zip Code**	
Telephone Number		**Cell Number**			

Field ID	**Test #**	**RUSH**	**Crop**	**Past Crop**

Please write your Field Identification on each sample bag and include this form with your samples. Please indicate if you are requesting a RUSH on any sample by check marking the RUSH box. Keep a copy for your records as well.

For **RUSH** on nematode and disease testing add **$15.00 per sample**