



CANNABIS PLANT HEALTH SUBMISSION FORM

Client Name:

Address:

Phone:

Email:

Purchase order no:

Signed:

Date:

PLEASE INDICATE TESTING REQUIRED FOR EACH SAMPLE:

Gender ID **OR** Hop Latent Viroid (HLVd) **OR** Both

Sample ID	Date sampled	Comments/Testing Required

Please ensure all DNA plant extraction cards are clearly labelled and recorded in the submission form

dnature diagnostics & research Ltd
60 Carnarvon Street
Gisborne 4010

If you have other test requirements, please contact us on **0800 DNATURE** or e-mail info@dnature.co.nz to discuss.