



# WESTERN LABORATORIES, INC.

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## Disease Submission Form

Please download this file, use the tab-key to fill out the info and submit this sheet with your samples. Please circle the test(s) you would like.

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 **\$20.00 per**