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 **$15.00 per**