



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. All samples must be **PAID** before results can be sent, unless account status has already been established.

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 sample**