

SPACE FOR LAB

DATA:

RICHIESTA:

CODICE CAMPIONE:

TESTING APPLICATION FORM – PLANTS (MD007 REV.12 del 09.10.26)

Company: Contact person:

Phone: E-mail:

Crop:

Type \ Variety:

Symptoms:

% of symptomatic plants:

Distribution of the symptomatic plants:

Remarks:

FOR NEW CUSTOMERS: COMPANY DATA FOR INVOICING

Company name:

Address:

Vat nr:

E-mail:

Space for lab ☐ FOTO