



## **Heather B. Vallier, Ph.D**

*Senior Plant Pathologist, Nematologist,*

*Virologist, & Plant Health Diagnostician*

1375 E. Grand Avenue Suite #103-133

Arroyo Grande, CA 93420

**(805) 927-7707**

## **Shipping Instructions**

**You MUST ship all of the following TOGETHER, or we will not be able to process your sample.**

**1. Payment**

Check OR Payment Receipt MUST be attached to the ***Crop Doctor Lab Chain of Custody*** form

**2. Sample(s)**

**3. The completed *Crop Doctor Lab Chain of Custody* form**

**4. Business card**



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## Crop Doctor Lab Chain of Custody Form, page 1

<b>Sample Owner:</b>	<b>Company:</b>
<b>Address:</b>	<b>Ranch:</b>
	<b>Grower:</b>
	<b>Phone:</b>
	<b>E-mail:</b>
<b>City / State / ZIP:</b>	
<b>Host plant name:</b>	
<b>Type of sample (circle one):</b> <div style="text-align: center; margin-top: 10px;"> <b>Soil   Tissues   Roots   Other</b> </div>	
<b>If Other, please explain:</b>	
<b>Describe the problem (factors that you suspect might have caused or contributed to the problem):</b>	
<b>Sample Selection (circle one):</b> <div style="text-align: center; margin-top: 10px;"> <b>Fungus   Bacteria   Viruses   Nematode   Other</b> </div>	
<b>If Other, please explain:</b>	



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## Crop Doctor Lab Chain of Custody Form, page 2

10% discount for 5 or more samples

<b>Sample #1</b>			
<i>Please describe:</i>			
Site ID:	Date of Sampling:	Block:	Lab Sample ID:
<b>Sample #2</b>			
<i>Please describe:</i>			
Site ID:	Date of Sampling:	Block:	Lab Sample ID:
<b>Sample #3</b>			
<i>Please describe:</i>			
Site ID:	Date of Sampling:	Block:	Lab Sample ID:
<b>Sample #4</b>			
<i>Please describe:</i>			
Site ID:	Date of Sampling:	Block:	Lab Sample ID:
<b>Sample #5</b>			
<i>Please describe:</i>			
Site ID:	Date of Sampling:	Block:	Lab Sample ID:
<b>Sampler name:</b>		<b>Signature:</b>	