



Agriculture & Land
 PEI Analytical Laboratories
 23 Innovation Way
 Charlottetown, PE C1E 0B7
 Telephone: (902) 620-3300

Request for Plant Disease Diagnostics

Client Information			
GROWER NAME	PHONE NO.	SUBMITTED BY	PHONE/CELLULAR
FARM NAME	FAX NO.	COMPANY NAME	FAX NO.
ADDRESS		ADDRESS	
EMAIL		EMAIL	
DIAGNOSTIC REPORT TO BE SENT TO			

Sample Details	
SAMPLE COLLECTION SITE <input type="checkbox"/> Field <input type="checkbox"/> Storage <input type="checkbox"/> Other (please specify)	
SAMPLE TYPE <input type="checkbox"/> Whole Plant <input type="checkbox"/> Branches <input type="checkbox"/> Leaves <input type="checkbox"/> Tuber <input type="checkbox"/> Other (please specify)	
CROP	VARIETY
SEED SOURCE/CLASS	PREVIOUS CROP
PLANTING/HARVEST DATE	COLLECTION DATE
DATE WHEN SYMPTOMS APPEARED	% OF CROP AFFECTED
SEVERITY OF SYMPTOMS <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	DRAINAGE <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
FIELD/STORAGE LOCATION <input type="checkbox"/> Whole Crop <input type="checkbox"/> Random <input type="checkbox"/> Localized <input type="checkbox"/> Edge of Field <input type="checkbox"/> Few Rows <input type="checkbox"/> High/Dry Area <input type="checkbox"/> Low/Wet Area <input type="checkbox"/> Sunny Area <input type="checkbox"/> Shady Area <input type="checkbox"/> Other (please specify)	
PRODUCTS USED – FIELD/STORAGE	APPLICATION DETAILS
DESCRIPTION OF SYMPTOMS	

For Lab Use Only		
Date Rec:	Time Rec:	Staff Signature:

Personal information on this form is collected under section 31 © of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for a request of plant disease diagnosis and will be used for the purpose of contacting the client, and maintaining departmental records. This information may be shared with CFIA for samples which are suspected to contain disease which require quarantine. If you have any questions about this collection of personal information, you may contact the PEI Analytical Laboratories at 620-3300 and speak with the Lab Manager.

Visit our homepage: www.princeedwardisland.ca/labservices

SAMPLE COLLECTION, PACKAGING AND SUBMISSION

1. Samples submitted to the lab must be representative of the symptoms observed in the field.
2. Specimens must be fresh. Do not submit dead tissue.
3. Samples should be packaged to prevent contamination during transport. Proper packaging may include a combination of layering with damp paper toweling, use of paper bags or enclosure in a plastic bag. Contact the lab for direction if uncertain.
4. If a sample cannot be transported immediately, keep refrigerated and out of direct sunlight.
5. Fill out the sample submission form with as much detail as possible. Sample forms should accompany the sample and be packaged so there is no contact with the sample.
6. Samples may be dropped off directly at the PEI Analytical Laboratory location, or at any access site according to the schedule below.

Sample Drop-off Sites					
Access PEI Site	Monday	Tuesday	Wednesday	Thursday	Friday
O'Leary	•	•	•	•	•
Tignish		•			
Alberton		•			
Wellington		•			
Summerside	•	•	•	•	•
Souris		•	•	•	•
Montague	•	•	•	•	•
PEI Analytical Laboratory (23 Innovation Way, Charlottetown)	•	•	•		

Samples must be delivered to an Access PEI site prior to 3:00 p.m. (12 noon on Fridays).
Check reverse side for drop-off sites near you.

Failure to recover or identify disease in a sample does not imply that a field or commodity represented by the sample is free of the organism. Due to uneven distribution and/or seasonal fluctuations of the disease and limitations of sampling procedures used, PEI Analytical Laboratory does not guarantee or imply as a result of a negative test result, freedom in the population from which the sample was withdrawn.