

Ship Samples To: 20/20 Seed Labs Inc.

Address: 507 - 11th Ave, Nisku, AB T9E 7N5

Phone: 780-955-3435

Email: support@2020seedlabs.ca

## POTATO TESTING SAMPLE SUBMISSION FORM

A. Testing Requested														
Virus T	esting:	Choose (	ONE of ELISA	or RT-PC	CR (only perfor	med on do	mant tube	ers)						
Virus E	LISA:	PVY	PLRV	PVA	PVS	PVX	PotLV	/ PVM						
Virus RT-PCR		PVY	PLRV	PVA	PVS	PVX								
Bacterial Ring Rot (BRR) Testing Method: CFIA					CFIA ELISA			PCR						
Other '	Other Testing Requested (specify):													
Testing requested will be applied to all samples listed below.														
B. Client Information														
Grower/Client Name: Account No.:														
Address:					City: Prov:									
Postal	Code:			Phone	): 			Cell:						
Email:	mail:				Contact Name:									
C. Des	cription	of Samples	Being Subm	itted for	Analysis									
#		Certificati	on #		Variety		Class <sup>1</sup>	Sample Type <sup>2</sup>	Sample Size	Sample Date (YYYY-MM-DD)				
1								71						
2														
3														
4														
5														
6														
7														
8														
Use the	next page f	rom more sam	ples.											
<sup>2</sup> Sampl	e type (writ	e correspondin	g letter) - Tuber	s (T), Cores	Elite (PE), Elite 1 (I s (C), Leaves (L), I urity status/numb	Plantlets (P), S	Sprouts (SP)		tion (F), Cer	tified (C)				
Additio	onal Infor	mation <sup>3</sup> :												
I hereb	y declare	e that all of t	he informatio	on provid	ed is, to the be	est of my kn	owledge,	true, correct	, and com	plete in every respect.				
Name					Signature				Date (YYYY-MM-DD)					



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C. Description of Samples Being Submitted for Analysis (cont'd)											
#	Cert #	Variety	Class <sup>1</sup>	Sample	Sample	Sample Date					
		-		Type <sup>2</sup>	Size	(YYYY-MM-DD)					
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
Additio	onal Information:	•	•								
Laborata mullan Ombullan Ombullan Ombullan											
Laboratory Use Only Upon Sample Receipt  Sample Receipt											
	Sample Received By: Date: Signature:										
	le Received in Good Condition:	Yes N	o, state reason:								
		169 14	o, state reason.								
Sample Number Assigned:											