

**OFFICE USE ONLY**

ID Number:

Intake initials:

Sample given to:

Resolution Date:

## UCCE-VC Agriculture Sample Submission Form

**Commercial or Home Garden?**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Company if Commercial:**

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Sample Type - Plant or Insect?**

**Location/Address sample was collected:**

\_\_\_\_\_

**What is the reason for submitting this sample? The more detail provided, the more we may be able to assist you. Please note that evaluation may take up to 10 days using our available resources.**

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**Master Gardener/Advisor's Comments:**

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