



INSECT DIAGNOSTIC SERVICE

SPECIMEN FORM

(Laboratory Use Only)

ID No:

DATE received:/...../.....

Courier samples to:

Entomology Unit
C/-SARDI, Waite Campus
Waite Building
First floor, East Wing
Waite Rd Urrbrae 5064

Send samples to:

Entomology Unit, SARDI
GPO Box 397
Adelaide SA 5001

Telephone:

08 - 8303 9536/40

Facsimile

08 - 8303 9542

Diagnosis is made on plant, soil, trap and insect samples received. To make the best use of this service it is important that samples sent are representative of the field situation, are packaged appropriately and arrive in good condition. Otherwise the diagnosis may be of little help.

I understand that the diagnosis provided is limited to the samples received and that the results may not identify the extent of the problems in the field.

The Minister, his servants and agents accept no liability for any loss incurred as a result of inadequate samples or incorrectly collected samples, damage to the sample during delivery or postage, or any other interference to samples, or inadequate, incorrect or misleading information provided by the client.

I further acknowledge and agree that the results are provided on the basis of such standard testing procedures and scientific information as are currently available to SARDI, and accordingly that the liability of the Minister, his servants and agents is confined to negligence in the application of the said procedures and information.

SIGNED: Date:/...../.....

CHARGE TO:

 Client Submitter

INVOICE:

 with report monthly account

REPORT TO:

 Client Submitter Post Post Fax Fax Email Email

CLIENT INFORMATION: (person to be billed)

Name:

Business Name:

Postal Address:

Suburb/Town: State: Postcode:

Telephone: () Facsimile : ()

E-mail: ABN Number:

Location of property (if other than postal address):

SAMPLE SUBMITTED BY: (if not as above)

Date sent:/...../.....

Name:

Location/Address:

Telephone: () Facsimile : ()

E-mail: ABN Number:

REFER OVERLEAF TO RECORD SPECIMEN DETAILS



