

# SAMPLE SUBMISSION FORM

## Plant Diagnostic Services

**Contact Details**

e: [plantdiagnosticservices@dpiwve.tas.gov.au](mailto:plantdiagnosticservices@dpiwve.tas.gov.au)  
Telephone: 03 6165 3777  
Postal Address: GPO Box 44 Hobart 7001

**Laboratory locations:**

**South:** 13 St Johns Avenue, New Town 7008  
(Entomology, Plant Pathology, Plant Virology, Molecular Biology)  
**North:** 165 Westbury Road, Prospect 7250 (Entomology)  
**North-West:** Rundle Road, Stony Rise 7310 (Entomology)

Office Use Only:

Enquiry No:

### Client Details

<b>Service type (tick one)</b>	<b>Biosecurity Services</b> <input type="checkbox"/> – <u>no fee</u> to identify unknown samples of potential biosecurity concern	<b>Invoiced Services</b> <input type="checkbox"/> – an <u>invoice</u> will be sent on completion of testing	<b>Not sure</b> <input type="checkbox"/> – a staff member will contact you to discuss testing requirements
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**Name:**

**Postal Address:**

**Email:**

**Phone:**

**Mobile:**

**Business Name (if applicable):**

**ABN (if applicable):**

Client Signature and date (invoiced services only):

### Sample Details

**Date Collected:**

**Collected by:**

**Collection Location:**

**Site Description:**

**Found on** (plant type or situation):

**Sample description** (eg description of symptoms and extent of problem):

### Laboratory Use Only – Submission Details

Date/time of receipt:

Initials:

Urgent

Routine

**Test Type**

**Sample Condition**

Plant pest <input type="checkbox"/>	Plant Disease <input type="checkbox"/>	Unknown <input type="checkbox"/>	Excellent <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
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**Comments:**

# Laboratory Use Only

## Biosecurity Tasmania

Department of Primary Industries,  
Parks, Water and Environment

## DIAGNOSTIC WORKSHEET Plant Diagnostic Services

Enquiry No: \_\_\_\_\_

### Sample treatment:

Vial <input type="checkbox"/>	Pin <input type="checkbox"/>	Slides <input type="checkbox"/>	Dried <input type="checkbox"/>	Freezer <input type="checkbox"/>	Culture/rear <input type="checkbox"/>	Other <input type="checkbox"/>
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### Diagnosis:

**ID Date:**

**Initials:**

Further action required? Y  or N , comments:

Enquiry database updated

Response to client

DocOne ref:

Sample retained: Y  or N

**Completion Date:**

**Initials:**

Date disposed: