



Hill Laboratories

TRIED, TESTED AND TRUSTED

Orchard

Name (Client)

Address

Phone Fax

KPIN (or description) (Client Reference)

Packhouse (Additional Client Ref)

Quote No **46600** Order No

Submitted By

Charge To *

** Note: In the event of Psa-V being detected the cost of analysis may be covered by KVH*

I have authority as the landowner / or authorised representative to request this test and consent to the results being released to KVH

Name: (Primary Contact)

Association:

Signed: Date:

ADDITIONAL INFORMATION

ANALYSIS REQUEST

Psa-V Testing

R J Hill Laboratories Limited
28 Duke Street, Hamilton 3204
Private Bag 3205
Hamilton, New Zealand

T 0508 HILL LAB (44 555 22)
T + 64 7 858 2000
E mail@hill-labs.co.nz
W www.hill-laboratories.com

Office use only: Job No:

CHAIN OF CUSTODY RECORD

Sent to

Hill Laboratories

Date & Time:

Please tick if you require COC to be faxed back

Name:

Signature:

Received at

Hill Laboratories

Date & Time:

Name:

Signature:

Condition

Room Temp Chilled Frozen

Temp:

Sample and Analysis details checked

Signature:

Priority



Normal (Tested every Wednesday, results reported next day if no repeat testing required)



Urgent (ASAP, 50% premium applies, please contact lab first)

Date Collected: _____

Number of Samples: _____

Is the sample from a KPIN outside the current priority zones? Yes / No

Who confirmed the symptoms were Psa-like?

Level of Symptoms: (Leaf Spotting, secondary symptoms, one vine, one block, widespread etc.)

Date last sprayed: Product: Blocks:

Type of Sample: Leaf Cane Exudate Other (Please state:)

No.	Sample Description / Name	Location of Sample Block/Row/Bay	Kiwifruit variety Hayward / 16A / G3 / G9 / G14	M / F (male or female)	Male Variety (if applicable) Bruce / Chieftain / M91 / CK1 / CK2 etc
1					
2					
3					

Each Leaf sample should comprise of 5 leaves taken from the suspected infection area.

For more sampling information contact your packhouse 'Psa Manager' or Hill Laboratories.