

**Send samples cold (with ice packs) via an express courier.**

**LAB USE ONLY**

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

**Pathogen Detection Sample Submission Form**

**Grower:**  **Submitter:**  **Quote #:**   
**Address:**  **City:**  **Province:**  **Postal Code:**  **P.O. #:**   
**Tel:**  **Email:**

If you would like the report to be sent by letter mail, check this box:  **Type of Farm:**  Greenhouse  Indoor Farm  Outdoor Farm  Other:

**Type of Hydroponic system:**  Ebb and Flow  D.W.C.  Drip  N.F.T.  Water Culture  Wick  Aeroponic  Aquaponic  Other:

**Inoculant(s) used (optional):**  **Pathogens of concern/ interest:**

**Sample Information** \* Not applicable if submitter did not filter sample before submitting

#	Sample ID (max 30 characters)	Volume Filtered* (ml)	Sample Type	Plant	Sampling Date (YYYY-MM-DD)	Test(s)
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Please consent to the above samples submitted be sequenced and its DNA and sample information to be added to our pathogen and microbiome database for the improvement of Healthy Hydroponics' detection and analysis service.

**Comments:**

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