

**SAMPLE COLLECTION and SUBMISSION FORM**

*Please complete items 1 – 6(a-f); add comments if necessary.*

1. Name of Company/Grower:		2. Contact Person:	
3. Address:			
4. Phone Number:		5. E-mail Address:	
<b>Sample Information (use additional sheet(s) if necessary):</b>			
6a. Grove Location (where ACP samples were collected):			
6b. Date Collected		6c. Host Cultivar	6d. Grove Age
6e. Unique Sample ID #	6f. Tree location (i.e., Block/Row/Tree#, GPS points); must be sufficient to relocate the specific tree sampled for ACP collection	6e. Unique Sample ID #	6f. Tree location (i.e., Block/Row/Tree#, GPS points); must be sufficient to relocate the specific tree sampled for ACP collection
6. Any additional comments:			
<b>APCD Laboratory Use Only</b>			
Received by:		Date Received:	
Laboratory Notes / Comments:			