

Setting reserved for the laboratory	File number	
--	--------------------	--

Order reference: _____

<p>REQUESTER</p> <p>Last name - First Name:</p> <p>Address:</p> <p>Postal code:</p> <p>City:</p> <p>Phone:</p> <p>Email:</p> <p>Specimen collector:</p>
--

<p>PAYER / OWNER (if different from requester)</p> <p>Last name – First Name:</p> <p>Address:</p> <p>Postal code:</p> <p>City:</p> <p>Phone:</p> <p>Email:</p>

Method of transmission of results: Mail Email

Characterization of demand

Number of samples shipped: Date of sampling: / /

Nature: Leaves Roots Wood Pseudo-trunk Insects

Plant species: Vine Banana Olive tree Oak Other (specify): _____

Reason for the request: Diagnosis Self-testing Export Other (specify): _____

Analyzes to be carried out

Matrix	ELISA	PCR or IC-RT-PCR	Morphological identification
Vine	<input type="checkbox"/> Short Knot (ArMV + GFLV)* <input type="checkbox"/> Grapevine leafroll (GLRaV-1+3)* <input type="checkbox"/> Grapevine leafroll (GLRaV-2)* <input type="checkbox"/> Grapevine leafroll (GLRaV-1)* <input type="checkbox"/> Grapevine leafroll (GLRaV-3)*	<input type="checkbox"/> Grapevine yellows : Flavescence Dorée/Bois noir*	
Banana tree	<input type="checkbox"/> CMV*	<input type="checkbox"/> BBrMV* <input type="checkbox"/> BBTv	
Other plants	<input type="checkbox"/> CMV	<input type="checkbox"/> <i>Xylella fastidiosa</i> *	
Insect			<i>Diabrotica virgifera virgifera</i> <input type="checkbox"/> On isolated individual <input type="checkbox"/> On trap

(*Analysis conducted with the authorization of the French Ministry of Agriculture and Food - COFRAC accreditation n°1-6486 – scope available on www.cofrac.fr/en)

Acceptance criteria and recommendations for plant pathology samples can be consulted on the website: <https://www.agrivalys71.fr/en/useful-documents> > Plant health > Analysis requests

Please, note the identification of your samples in the table on the back, column "Sample identification"

No.	Sample identification	Number of samples composing the specimen	Remarks
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Beyond 20 samples, please send us an Excel file to the address: phyto@agrivalys71.fr

PART RESERVED FOR THE LABORATORY

Date of receipt: _____ **By:** _____

Transmitted to: Serology Molecular biology Parasitology **Mode of shipment:** Mail Delivery By hand