



# PLANT DISEASE DIAGNOSIS AND TESTING SUBMISSION FORM

## OFFICE USE ONLY

ORDER #

DATE RECEIVED:

PROJECT CODE:

## CLIENT INFORMATION

Client Name:

Date Sampled:

Phone Number:

Email Address:

Send results via:

Email

Phone

Mailing Address:

Copy to (name and email address):

Are you a Nova Scotia Registered Farm?

YES

NO

If yes, please include your Nova Scotia Registered Farm #:

## DISEASE TESTS

Single Conventional Disease Diagnosis (one specimen)

Fire Blight Immuno-assay test (one unit)

Full Disease Screening (for multiple suspected diseases on a single specimen)

## SAMPLE INFORMATION (Please fill out with as much detail as possible)

Date collected:

Crop:

Variety/rootstock:

Planting date:

Plant part affected:

Describe the problem and symptoms:

(Attach separate sheet if necessary. Photos can be e-mailed to [planthealthlab@perennia.ca](mailto:planthealthlab@perennia.ca))



<b>Growing Method:</b>	Conventional	Organic		
<b>Location of the plant:</b>				
Field	Greenhouse	Orchard	Under tunnel	
<b>Plant parts affected:</b> (check as many as apply)				
Roots	Stem/stalk	Branches/Twigs	Leaves/Needles	
<b>Please describe what you see on the plants:</b> (check as many as apply)				
Buds	Flowers	Fruit/Seed	Entire Plant	
Leaf spot/Holes	Yellowing	Mottling/Mosaic	Seedling blight	
Browning/Scorched	Stunting	Root rot	Stem rot	
Fruit decay	Distortion/Curling	Galls or swelling	Wilting	
Die back	Mold/Webbing	Canker	Other	
<b>Pattern of diseased plants:</b>	Single plant	Scattered plants	One area of field	Entire field
<b>Irrigation type:</b>	Drip	Flood	Furrow	Sprinkle

**Fertilizer applied in the last two weeks:** (Include name, rate and date of application if possible)

**Herbicide applied in the last two weeks:** (Include name, rate and date of application if possible)

**Fungicide applied in the last two weeks:** (Include name, rate and date of application if possible)

**Insecticide applied in the last two weeks:** (Include name, rate and date of application if possible)

**Nematicide applied in the last two weeks:** (Include name, rate and date of application if possible)



## DISCLAIMER AND RELEASE OF LIABILITY

In this disclaimer and release of liability,

“Client” means you, the person who has submitted a sample to Perennia for laboratory analysis;

“False Negative Test” means a test result that is negative for a virus or a pathogen that contains the presence of a virus or a pathogen;

“Perennia” means Perennia Food and Agriculture Corporation and includes the Province of Nova Scotia, Ministers, directors, employees, agents and the Plant Health Lab;

“Services” means the laboratory testing analysis conducted by Perennia of a sample submitted by the Client.

Please be advised that where a sample, provided by the Client, has tested negative for the presence of a virus or a pathogen that this negative test does not prove unequivocally the absence of virus or pathogen. This potential for a False Negative Test is due to seasonal and temporal fluctuation in pathogen levels, the inherent limitations of sampling and testing protocols, and the possibility of pathogen strain variability. Therefore, Perennia makes no representations or warranties to the Client, that a negative test result from a sample is unequivocally free of infection, and subsequently Perennia shall not be liable for any loss or damage suffered by the Client due to any resulting management decisions the Client makes based on the negative test results. The Client agrees that any and all claims for loss or damage which the Client has or in the future may have against Perennia arising out of or related to the provision of Services, whether such claim is founded in contract or tort, shall be strictly limited to the amount of fees actually paid by the Client to Perennia for the Services. This disclaimer and release of liability shall also be binding upon the Client’s successors, heirs, executors, and administrators.

### USE OF INFORMATION

By submitting a sample to Perennia, the Client agrees to the use of the Client’s test results for research purposes only in an anonymous aggregate form. Perennia treats all information collected by the Perennia as confidential subject to meeting the requirements under the law.

**I HAVE READ, UNDERSTAND, AND AGREE TO THIS DISCLAIMER AND RELEASE OF LIABILITY AND USE OF INFORMATION.**

**SIGNATURE**

**DATE**

### PAY IN PERSON/PHONE\*

Print and complete submission forms and then drop off or mail your samples and forms to one of the offices listed. Our team will generate an online order for you and take your payment. Order details and a receipt will be emailed to you.

*\*If samples are collected on your behalf and dropped off for testing by a Perennia Specialist, a hard copy form will be required. Our team will generate an online order for you and contact you for payment. Order details and a receipt will be emailed to you.*

#### Accepted payments

- credit and debit cards online
- credit card by phone
- cheque and credit or debit card at our offices

### DROP OFF LOCATIONS

**28 Aberdeen Street**  
Kentville, Nova Scotia  
B4N 2N1  
Kentville 902-678-7722

**173 Dr. Bernie MacDonald Dr**  
Bible Hill, Nova Scotia  
B6L 2H5  
Truro 902-896-8782

If you plan to mail your **DISEASE** samples, please send to the Bible Hill location listed above and contact the Plant Health Lab Staff at [planthealthlab@perennia.ca](mailto:planthealthlab@perennia.ca) to discuss shipping recommendations to best preserve sample quality.

### DROP OFF HOURS

Samples can be dropped off or mailed to either of our locations Monday to Thursday between 8:00 am and 4:30 pm and Friday between 8:00 am and 1:00 pm.

If you have any questions, please contact our Plant Health Lab Staff at [planthealthlab@perennia.ca](mailto:planthealthlab@perennia.ca)