HLB Lab Sample Submission Form

Ship Samples To: HLB Lab, UF-IFAS-SWFREC, 2685 SR 29 N, Immokalee, FL 34142

Client:

This is the person submitting samples and the lab's contact for correspondance

*Name: _____

Association (Company): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ [ ]Office [ ]Other: _____

_____ [ ]Cell [ ]Other: _____

Fax: _____

*E-Mail Address: _____

*Preferred Method of Contact for Receiving Results:

[ ] E-Mail [ ] Fax [ ] Mail

Sample Location:

This is the grove or nursery where samples were taken

UNIVERSITY OF FLORIDA
Institute of Food and Agricultural Sciences

[ ] Check **here** for Residential Samples

[ ] Check **here** if **Sample Location** is the *same* as **Client Address**
(please still provide County and Grove Name, if applicable)

*Grove Name: _____

Individual fields within a Grove or Company are not to be listed for the Grove Name.
Please list fields, if applicable, in the comments section at the bottom of the page.

Address: _____

City: _____ State: _____ Zip: _____

*County: _____

Date Samples Sent to Lab: _____

Items marked with an asterisk (*) are required information

Sample Information must include Sample ID and/or unique identifying Block/Row/Tree information

Lab Use Only **Lab ID**	Sample ID	Date Sampled	Variety	Rootstock	Block	Row	Tree	Township	Range	Section	Latitude	Longitude	Age (yrs)	Size (ft)

Comments: _____ Page ____ of ____

_____ Date Received by Lab: _____