PDplus™

PDplus Booking Form

Please complete a separate form for each Pocket Diagnostic test sent for analysis.

Your contact details:

Name .....

Organisation .....

Address .....

.....

.....

How would you like to receive the results? (tick one or both)

By email ❑ address .....

By text message ❑ number .....

Your LFD test reference: .....

To be analysed for (tick one or more):

Phytophthora ramorum ❑ Phytophthora kernoviae ❑

Phytophthora frageriae ❑ Phytophthora cactorum ❑

Date of sampling: ..... Date test sent to Forsite: .....

Your checklist:

❑ Labelled each test strip with your unique reference number

❑ Completed a separate Booking Form for each test strip

❑ Enclosed each LFD with the correct Booking Form

❑ Completed the Payment Form

Please send the upper part of this form and the LFD to be analysed to:

Forsite Diagnostics Ltd, Sand Hutton, York, YO41 1LZ, UK

For Forsite use only:

Reference:

Date received:

Date tested:

Result:

Date result reported:

Please keep this part of the form for your records

Your LFD test reference: .....

LFD to be analysed for (tick one or more):

Phytophthora ramorum ❑ Phytophthora kernoviae ❑

Phytophthora frageriae ❑ Phytophthora cactorum ❑

Date of sampling: ..... Date test sent to Forsite: .....

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