



## Plant Health Services

### Grapevine Disease Testing Order Form

Company: \_\_\_\_\_

Name (Contact person): \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Date: \_\_\_\_\_

**Type of grapevine selection:**

- Table/Raisin
- Wine
- Rootstock

**Origin of plant material:**

- State certified  
(Please specify which program.):

- Field selection or clone
- Source vineyard location  
row: \_\_\_\_\_

**Age of vineyard:** \_\_\_\_\_

Do you suspect disease?  Yes  No

If yes please specify extent of infection and what disease you suspect:

Have you observed symptoms in patchy areas of the vineyard?  Yes  No

Are vines grafted to rootstock?  Yes  No

If yes please specify rootstock: \_\_\_\_\_

Was the field surveyed for nematodes/mealybugs/other?  Yes  No

If your answer is yes, please specify results

**PLEASE FILL THE OTHER SIDE OF THIS PAGE**

**RESULTS YOU CAN TRUST**

For more information please contact Judit Monis, Ph.D.  
STA Laboratories, Inc. • 5653 Monterey Frontage Rd • Gilroy, CA 95020  
(408)846-9964 • www.stalabs.com

**Testing Services Needed (please check or complete the appropriate box):**

Please follow instructions for sampling for each panel or specific pathogen. Please label each bag with sample/vine number and visibly mark the vine to facilitate later sampling.

(See "Specific Sampling Instructions" for test details of Panels A, B, CG, PD, and Fungal or call STA).

	Grape Variety /Vineyard location/Field ID	Panel A	Panel B	Panel CG	Panel PD	Fungal/other
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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19						
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21						
22						
23						
24						
25						

Special instructions or comments:

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***Please complete this form and return to STA Labs with sample shipment. (Attn: Judit Monis or Zaida Morales)***

Thank you for completing this form!

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