



APPLICATION FOR PLANT HEALTH LABORATORY SERVICES

FOR OFFICIAL USE

IFAST Lab Application/Service Acknowledgement No:
Application Type BSAA (Sample of foreign origin)

REQUESTOR INFORMATION* [* MANDATORY FIELDS TO BE COMPLETED BY REQUESTOR]

Requestor Ref. No.: _____ NRIC No (Individual) / _____ UEN No. (Company representative)]

Requestor Name : Mr/Mrs/Ms/Dr _____ (Individual / Company Representative)

Company Name:

Contact Number: Office/Home _____ ; HP _____ ; Fax _____ ; Email _____

Billing Address:	Mailing Address (If different from Billing Address) :
Postal Code:	Postal Code:

SPECIAL INSTRUCTIONS

Sample Handling/ Testing Instructions:

Results Reporting Instructions:

Preferred Method of Receiving Report: Fax Mail Email Self Collection
Preferred Payment Method: Nets Cheque / Bank Draft Existing AVA GIRO a/c Internet

SITE SAMPLING INFORMATION (PLS PROVIDE SAMPLE DETAILS AND TESTING REQUEST ON PAGES 2/3)

Sampled by* _____ Sampling Date & Time* / / on __ : __
Sampling Location:
GPS Reference:
Observation / Comments:

REQUEST FOR PROFESSIONAL / TECHNICAL SERVICE / PTS APPLICATION ONLY

Type Field Evaluation / R&D Site / Farm Visit Training Others No. of Pro /Tec hrs : _____
Labs involved Entomology / Nematology Bacteriology/ Mycology/Virology Soil Management
PTS application with samples collected for lab testing (Details in pages 2, 3): Y / N
AVA Officer's Name:

ACKNOWLEDGEMENT BY REQUESTOR *

Terms & Conditions:

- AVA accepts no liability for loss or damage to plants submitted for examination/testing.
- Samples will not be returned unless specifically requested. One Lab Report will be issued for One Application.
- The mention of trade name(s) is NOT an endorsement for the product(s) by AVA. AVA report is NOT to be used for advertisement or claims.
- Payment terms: 21 days from invoice date. Late payment would incur a \$20 surcharge. Cheque shall be made payable to AVA. Lab Report shall be released upon payment of Lab testing.

Total Amount Payable : \$ _____

I agree to the above terms & conditions stated and hereby submit the sample(s) to be analysed OR agree to the testing of samples collected (for PTS).(Sample & testing details in pg 2-3).

Name of Requestor

Signature

Date

**REQUEST FOR AVA PLANT HEALTH TESTS – WORKSHEET 1
 PLANT PEST DIAGNOSIS & SEED HEALTH TESTING
 ONE LAB REPORT WILL BE ISSUED FOR ONE APPLICATION**

IFAST Lab Application No.: P-

Sample Details	Sample Details	Sample __	Sample __	Sample __	Sample __	Sample __
	Sample Name / Plant Name					
	Sample Marking (Label)					
	Sample Description (e.g. Plant Parts – Leaf, Branches, Trunk etc)					
	Symptoms					
	Country e.g SG					
	Location ie Farm / Road					
	Disease Distribution					
Plant Pest Diagnosis and Seed Health Testing (Pls. select tests with a tick)	Select Tests (✓) *	Sample __	Sample __	Sample __	Sample __	Sample __
	Bacteria Disease Diagnosis					
	Fungus Disease Diagnosis					
	Phytoplasma Disease Diagnosis					
	Virus Disease Diagnosis (General)					
	Virus Disease Diagnosis (By ELISA *)					
	Viroid Disease Diagnosis					
	Insect Pest Identification					
	Nematode Pest Diagnosis					
	Seed Germination Test*					
	Seed Purity Test *					
	Seed Viability Test *					
	Estimated Costs (\$\$)					
Total Estimated Costs (\$\$)						

* Please check with our officer on the specific testing.

Additional Comments:

**REQUEST FOR AVA PLANT HEALTH TESTS – WORKSHEET 2
PHYSICAL & CHEMICAL ANALYSIS
ONE LAB REPORT WILL BE ISSUED FOR ONE APPLICATION.**

IFAST Lab Application No.: P-

Sample Details	Sample Details	Sample ___	Sample ___	Sample ___	Sample ___	Sample ___
	Sample Name / Plant Name					
	Sample Marking (Label)					
	Sample Description (e.g. Soil, Soil Mix, ASM, Compost, Fertiliser, Water, Nutrient Solution, Leaf)					
	Symptoms					
	Country e.g SG					
	Location ie Farm / Road etc					
Tests for Soil, Soil Mix, ASM, Soilless media, Leaf, Compost, Fertilisers Water & Nutrient Solution	Select Tests (√)	Sample ___	Sample ___	Sample ___	Sample ___	Sample ___
	pH					
	Electrical conductivity (EC)					
	1. Nitrogen (N)					
	2. Phosphorus (P)					
	3. Potassium (K)					
	4. Calcium (Ca)					
	5. Magnesium (Mg)					
	6. Sodium (Na)					
	7. Copper (Cu)					
	8. Iron (Fe)					
	9. Manganese (Mn)					
	10. Zinc (Zn)					
	Organic Matter / Organic Carbon / Total Carbon					
	Boron (B)					
	Moisture content					
	Bulk Density (Only Soil Mixes)					
	Soil Texture (Not for Soil Mixes)					
	Particle Size					
	Cation Exchange Capacity (CEC)					
C:N ratio						
Package A*						
Package B*						
Package C*						
Other tests -						
Estimated Costs (\$\$)						
Total Estimated Costs (\$\$)						

* **Package A** – pH, EC, N, P, K; **Package A (For Water)** - pH, EC, Na, Ca & Mg
 * **Package B** – Analysis for any 5 nutrients (select from SI 1 to 11), Org. C/Total C/OM, pH, Particle Size/Soil Texture
 * **Package C** – Analysis for pH, EC, N, P, K, Ca, Mg, Na, Cu, Fe, Mn, Zn, Org. C/Total C/OM, CEC, C:N Ratio and Moisture Content