



MUSHROOM SPECIMEN IDENTIFICATION FORM

 <p>Agpath Agricultural Pathology & Biological Farming Service Agricultural Consultants since 1980</p>	Despatch Samples To: Agpath P/L 105 Gunn Road, VERVALE, VIC 3814 Phone: 03 5629 1253 Mobile: 0413 013 247 Email: agpath@dcsi.net.au Website: www.agpath.com.au		Client Details		Office use only	Sample ID:		
			Contact Person:					
			Postal Address:					
			Phone:				Mobile:	
			Email Address:					
HOW TO TAKE A SAMPLE:								
<ul style="list-style-type: none"> • Please send at least two (2) specimens for each identification. • Include the whole mushroom: cap, stem and - most important – any underground structures. • Submit average size specimens, not largest or smallest. • Wrap each specimen in paper towel or newspaper. Do not wrap different specimens together. • PLEASE DO NOT place mushroom in a plastic bag or mail in an envelope • Mark each sample clearly with its sample ID. • Complete the Sample Submission Forms with as many details as possible. • Pack your samples in a sturdy box and mark your sample pack clearly with your name and address. • Send samples by overnight courier or Express Post to: Agpath P/L 105 Gunn Rd, Vervale Vic 3814 • Please note that Agpath cannot guarantee timely analysis for samples arriving just prior to weekend or public holiday. • Report will be issued within 10 working days from receipt of sample. 								
SAMPLE DETAILS:								
Date collected:								
Where was the specimen found? Lawn with trees <input type="checkbox"/> specify kind of tree			Lawn without trees <input type="checkbox"/>		Other			
What was the mushroom growing on?		Wood <input type="checkbox"/>	Dung <input type="checkbox"/>	Grass <input type="checkbox"/>	Other			
Was the mushroom growing alone or in clumps?		Alone <input type="checkbox"/>	Clump <input type="checkbox"/>	Cluster <input type="checkbox"/>	Other			
Diameter of the cap in cm (approx): Largest cap			Smallest cap		Height of cap in cm (approx): Tallest cap			
Shortest cap								
What is your purpose in knowing the identification of this mushroom? (Do you want to eat it or get rid of it?)								
IDENTIFICATION (to be completed by specialist)								
Identification:				Common Name:				
Recommendations:								

SAMPLE SUBMISSION FORM – CHAIN OF CUSTODY

Agpath Analytical Laboratory		Client Details	Agpath Quote No:	Project Ref:	
 Agpath Agricultural Pathology & Biological Farming Service Agricultural Consultants since 1980	Despatch Samples To:		Company Name:		
	Agpath P/L 105 Gunn Road, VERVALE, VIC 3814		Contact Person:		Phone:
	Phone: 03 5629 1253 Mobile: 0413 013 247 Email: agpath@dcsi.net.au Website: www.agpath.com.au		Mobile:		Fax:
			Email Address:		
		Postal Address:			

Payment Method: <small>(please tick <input type="checkbox"/>) (circle type of c/card)</small>	<input type="checkbox"/> Credit Card		<input type="checkbox"/> Cheque		<input type="checkbox"/> Invoice (prior approval required)		<input type="checkbox"/> Purchase Order	
	Bankcard	Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>	No: / / /		Expiry Date:		CVV:
					<small>4 digits</small>	<small>4 digits</small>	<small>4 digits</small>	<small>4 digits</small>
Name on Card:					Signature:			
Billing Address: <small>(if different from above)</small>								

NB: AGPATH P/L IS REGISTERED TO RECEIVE GRAPE MATERIAL AND SOILS FROM PHYLLOXERA REGIONS OF AUSTRALIA.
 Please see website for maps of the affected regions
www.agpath.com.au

Received By:	Date:	Time:	Signed:
Sample Condition on receipt:			

Sample Analysis Request

Price List						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Sample No.	Sample ID	ANALYSIS REQUIRED	PREFERRED TEST (IF ANY)