| MUSHROOM SPECIMEN IDENTIFICATION FORM |
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|  but1**Agricultural Pathology &** **Biological Farming Service****Agricultural Consultants since 1980** | **Despatch Samples To:** Agpath P/L105 Gunn Road, VERVALE, VIC 3814Phone: 03 5629 1253Mobile: 0413 013 247Email: agpath@dcsi.net.auWebsite: [www.agpath.com.au](http://www.agpath.com.au)  | **Client Details** | Office use only Sample ID:      |
| Contact Person:       |  |
| Postal Address:       |
| Phone:       | Mobile:       |
| Email Address:       |
| **HOW TO TAKE A SAMPLE:*** 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.
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| **SAMPLE DETAILS:**  |
| **Date collected:**  |
| **Where was the specimen found?** Lawn with trees [ ]  specify kind of tree       | Lawn without trees [ ]   | Other       |
| **What was the mushroom growing on?** | Wood [ ]  | Dung [ ]  | Grass [ ]  | Other       |
| **Was the mushroom growing alone or in clumps?** | Alone [ ]  | Clump [ ]  | Cluster [ ]  | 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:**  |

| **Agpath Analytical Laboratory** | **Client Details** | Agpath Quote No:      | Project Ref:       |
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| but1**Agricultural Pathology &** **Biological Farming Service****Agricultural Consultants since 1980** | **Despatch Samples To:** | Company Name:       |
| Agpath P/L105 Gunn Road,VERVALE, VIC 3814 | Contact Person:       | Phone:       |
| Mobile:       | Fax:       |
| Phone: 03 5629 1253Mobile: 0413 013 247Email: agpath@dcsi.net.auWebsite: [www.agpath.com.au](http://www.agpath.com.au)  | Email Address:       |
| Postal Address: |       |
|       |

| **Payment Method:**(please tick 🞎)(circle type of c/card) | [ ]  Credit Card | [ ] Cheque | [ ]  Invoice (prior approval required) | [ ]  Purchase Order |
| --- | --- | --- | --- | --- |
|  | Bankcard Mastercard [ ]  Visa [ ]  | No:      /      /      /       | Expiry Date:       | CVV:       |
|  |  |  4 digits 4 digits 4 digits 4 digits |  |  |
|  | Name on Card:       | Signature:       |
| **Billing Address:**(if different from above) |       |
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| **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](http://www.agpath.com.au/Home.aspx) |
| Received By:       | Date:       | Time: | Signed:       |
| **Sample Condition on receipt:**  |

 | **Sample Analysis Request** |
| **Price List** |
|  |  |  |  |  |  |  |
| **Sample No.** | **Sample ID** | **ANALYSIS REQUIRED**  | **PREFERED TEST (IF ANY)** |
|       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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|       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |