| MUSHROOM SPECIMEN IDENTIFICATION FORM | | | | | | | | | | |
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| but1  **Agricultural Pathology &**  **Biological Farming Service**  **Agricultural Consultants since 1980** | **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](mailto:agpath@dcsi.net.au)  Website: [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. | | | | | | | | | | |
| **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/L  105 Gunn Road,  VERVALE, VIC 3814 | Contact Person: | | Phone: |
| Mobile: | | Fax: |
| Phone: 03 5629 1253  Mobile: 0413 013 247  Email: [agpath@dcsi.net.au](mailto:agpath@dcsi.net.au)  Website: [www.agpath.com.au](http://www.agpath.com.au) | Email Address: | | |
| Postal Address: |  | |
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| **Payment Method:**  (please tick 🞎)  (circle type of c/card) | Credit Card | Cheque | | Invoice (prior approval required) | | | Purchase Order | |
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|  | Bankcard Mastercard  Visa | | No:      /      /      / | | | Expiry Date: | | CVV: |
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|  | Name on Card: | | | | Signature: | | | |
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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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