



## MUSHROOM SPECIMEN IDENTIFICATION FORM

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

## SAMPLE SUBMISSION FORM – CHAIN OF CUSTODY

<b>Agpath Analytical Laboratory</b>		<b>Client Details</b>	Agpath Quote No:	Project Ref:	
 <p style="font-size: small; text-align: center;">Agricultural Pathology &amp; Biological Farming Service Agricultural Consultants since 1980</p>	<b>Despatch Samples To:</b>		Company Name:		
	Agpath P/L 105 Gunn Road, VERVALE, VIC 3814		Contact Person:		Phone:
	Phone: 03 5629 1253 Mobile: 0413 013 247 Email: <a href="mailto:agpath@dcsi.net.au">agpath@dcsi.net.au</a> Website: <a href="http://www.agpath.com.au">www.agpath.com.au</a>		Mobile:		Fax:
			Email Address:		
		Postal Address:			

<b>Payment Method:</b> <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:
					4 digits	4 digits	4 digits	4 digits
Name on Card:					Signature:			
<b>Billing Address:</b> <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](http://www.agpath.com.au)

Received By:	Date:	Time:	Signed:
<b>Sample Condition on receipt:</b>			

Sample Analysis Request						
Price List						

Sample No.	Sample ID	ANALYSIS REQUIRED	PREFERRED TEST (IF ANY)