

Grapevine Virus Testing Sample Submission Form



CCOVI Laboratory
1812 Sir Isaac Brock Way
Inniskillin Hall Room 210
St Catharines ON L2S 3A1
Phone: 905 688 5550 x3510
Email: virustesting@brocku.ca

Shaded areas for lab use only

Received by: _____
Date: _____
Time: _____
Containers: _____
Location: _____

Company Name: _____

Address: _____

Phone: _____

Contact Name: _____

Email: _____

Please refer to the **Sample Submission Guidelines** for properly submitting grapevine leaves with intact petioles or lignified cane samples.

Please indicate:

- Leaf with petiole samples
- Cane samples

Project:

- Independent Grower/Winery
- CAP Research Project

The client gives permission to CCOVI to include their **anonymous** results in an incidence database for research purposes only.

- Yes, I will help with local research
- No thanks

The client agrees to the Terms and Conditions as posted at www.brocku.ca/ccovi/virus-testing.

Signature: _____

Date: _____

Routine turnover time for 20+ samples will be 5-7 days.

Please record your sample information and the viruses to be tested on the **reverse** of this sheet.

Carefully label each sample and indicate tests needed		Red Blotch Virus	Leafroll-associated Virus 3	Pinot Gris Virus	Fanleaf Virus	Leafroll-associated Virus 1	Leafroll-associated Virus 2	Leafroll-associated Virus 4	Rupestris Stem Pitting-associated Virus
Sample Info (follow Submission Guidelines)	Lab ID#								
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