



Plant & Soil Health Testing
Submittal Form

SunBurst Plant Disease Clinic, Inc.
 Phone: (209) 667-4442 | Fax: (209) 667-4443
 677 East Olive Avenue, Turlock, CA 95380

Sampled Date: _____
 PCA/Fieldman: _____
 PCA/Fieldman Company: _____
 Grower: _____
 County Sampled: _____
 Customer Email: _____

Purchase Order #: _____
 Billing Email: _____
 Billing Address: _____
 Office Phone: _____
 Mobile Phone: _____
 Fax: _____

1. Growing Method

- Conventional
- Organic

2. Reports

- Email Report Results Only
- Mail Hard Copy Reports Only
- Both

3. Have You Emailed Photographs?

- Yes
- No

OFFICE USE ONLY

Report #: _____ Initials: _____ Date: _____
 Mailed Phone Request Walk In
 Outside Lab: _____ Date: _____

Key For Table Below

If "other" for any frequency or type, write in table below

Irrigation Types:

- 1 = Drip
- 2 = Flood
- 3 = Furrow
- 4 = Mini/Micro Sprinkler
- 5 = Sprinkler
- a) Pivot b) Portable
- c) Solid Set d) Wheeline

Irrigation Frequency:

- 1 = Per week
- 2 = 2x per week
- 3 = 1x every 2 weeks
- 4 = 1x every 3 weeks
- 5 = 1x month

Soil Type:

- 1 = Fine Sand
- 2 = Coarse Sand
- 3 = Sandy Loam
- 4 = Sandy Clay Loam
- 5 = Loam
- 6 = Clay Loam

Complete Only If Using Codes 35/40 For Remedial Program

Testing Code #	Field ID	Crop	Age	Irrigation Type	Irrigation Frequency	Soil Type	Symptoms Observed / Remarks

SUBMIT FORM VIA EMAIL TO TESTING@SUNBURSTPDCINC.COM

Please Use Separate Submittal Sheet For Different Crops

Approximate Estimate: \$ _____ ***Please Call Office For Test Pricing**

Signature _____

Please Print _____

Proper Permits Must Accompany All Samples. Please visit www.sunburstpdcinc.com to print permits.

NOTE: If standard procedure must be exceeded, cost may vary. We will attempt to notify you.

I understand & agree to meet all obligations for services requested.

If you do not have an established credit account, a credit application will need to be processed before any services are rendered.

Please ship overnight all samples to 677 East Olive Avenue, Turlock CA, 95380

Plant & Soil Health Submittal Sheet

Code Number	Code Description	Testing Method
100	Bacterial and Fungal Tissue Diagnosis	Plate Culture
105	Soil Fungus Identification	Plate Culture
110	Single Pathogen Identification	Plate Culture
115	Nematode Identification	Baermann Technique
120	Microbial Activity Analysis	BIOLOG Plates
125	Greenhouse/ Grow-out Test	
130	Mineral Analysis and Interpretation (Outside lab Testing)	
135	Complete Soil Analysis 1 - Soil Fungus ID (105)+Nematode ID (115)+Soil Mineral testing (130)	Plate Culture & Baermann Technique
140	Complete Soil & Tissue Analysis - Bacterial and Fungus Tissue ID (100)+Soil Fungus ID (105)+Nematode ID (115)+Soil and Tissue Mineral Testing (130)	Plate Culture & Baermann Technique
145	Complete Soil Analysis 2 - Soil Fungus ID (105)+Nematode ID (115)+Soil Mineral Testing (130)+Microbial Activity Analysis (120)	Plate Culture, Baermann Technique, & BIOLOG Plates
155	pH Test	pH meter
300	ELISA- per sample per pathogen (First Pathogen)	ELISA
301	ELISA- per sample per pathogen (Additional Pathogen)	ELISA
305	PCR- per sample per pathogen (First Pathogen)	PCR
306	PCR- per sample per pathogen (Additional Pathogen)	PCR
310	qPCR- per sample per pathogen (First Pathogen)	TaqMan qPCR
311	qPCR- per sample per pathogen (Additional Pathogen)	TaqMan qPCR
315	RT-PCR- per sample per pathogen (First Pathogen)	RT-PCR
316	RT-PCR- per sample per pathogen (Additional Pathogen)	RT-PCR
320	RT-qPCR- per sample per pathogen (First Pathogen)	TaqMan RT-qPCR
321	RT-qPCR- per sample per pathogen (Additional Pathogen)	TaqMan RT-qPCR
10	Colony Count (Add-On Code*)	
15	Sequencing- per reaction (Add-On Code*)	
35	Season Long Program (Add-On Code)	
40	Partial Program (Add-On Code)	

Disclaimer:*Add-On Codes need to be combined with other testing codes