

# Phyto Diagnostics Company Limited

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BC blueberries  
Powered by nature.

## 2022 BCBC Blueberry Testing Form

GROWER: _____ FARM: _____ ADDRESS: _____ _____ EMAIL: _____ PHONE: _____ RECEIVING DIAGNOSTIC REPORT: <input type="checkbox"/> *YES	SUBMITTED BY: _____ COMPANY: _____ ADDRESS: _____ _____ EMAIL: _____ PHONE: _____ RECEIVING DIAGNOSTIC REPORT: <input type="checkbox"/> *YES
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\*ALL TEST RESULTS ARE CONFIDENTIAL AND WILL REMAIN THE PROPERTY OF THE CLIENT; DIAGNOSTIC REPORTS WILL ONLY BE RELEASED TO THOSE SPECIFIED ABOVE OR AS REQUESTED BY THE CLIENT.

PLEASE PRINT CLEARLY. | DIAGNOSTIC REPORTS WILL BE PROVIDED BY EMAIL WITHIN 2 WEEKS OF SAMPLE SUBMISSION. | EMAIL CONTACT: INFO@PHYTODIAGNOSTICS.COM

- To collect sample, select 5 leaves of green or living tissue closest to the BIsCV or BIsHV symptoms; no dead or decayed material.**
- Label samples #1-30 using a permanent marker. Use new Ziploc sandwich bags and secure the bags in order before shipping.**
- Record Location ID of samples for trace back of positive plants. Fill in all field information and symptoms observed.**
- If unable to ship directly after collection, refrigerate samples at 4°C taking care not to freeze or expose them to heat.**
- Ship samples no later than Tuesday using an overnight delivery service. Do not ship perishable samples to arrive at the laboratory over the weekend. Samples that do not arrive fresh and in good condition cannot be used for testing and will have to be resubmitted.**

### BLUEBERRY SCORCH VIRUS (BIsCV) AND BLUEBERRY SHOCK VIRUS (BIsHV) TESTING

SAMPLE COLLECTION DATE: _____				SIGNATURE: _____			
Field Size: _____ ACRES		Field Age: _____ YEARS		Plants Showing Symptoms: _____ %		Cranberry Bog Nearby: <input type="checkbox"/> YES <input type="checkbox"/> NO	
SAMPLE#	LOCATION ID <small>(e.g. Row 2 Plant A1)</small>	VARIETY	SYMPTOMS	SAMPLE#	LOCATION ID <small>(e.g. Row 4 Plant B7)</small>	VARIETY	SYMPTOMS
1			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None	16			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None
2			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None	17			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None
3			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None	18			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None
4			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None	19			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None
5			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None	20			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None
6			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None	21			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None
7			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None	22			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None
8			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None	23			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None
9			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None	24			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None
10			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None	25			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None
11			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None	26			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None
12			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None	27			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None
13			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None	28			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None
14			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None	29			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None
15			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None	30			<input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> None
ADDITIONAL INFORMATION: _____							

**SUBMISSIONS IN EXCESS OF 30 SAMPLES WILL BE BILLED DIRECTLY TO THE GROWER.**

*The liability of Phyto Diagnostic Company Limited is limited to the cost of the services supplied and paid for. Failure to recover or identify a pathogen or microorganism in a sample does not imply that a field or commodity represented by the sample given is free of the pathogen. Due to the uneven distribution and/or seasonal fluctuation of pathogen concentrations in plant tissue and/or sampling method used, Phyto Diagnostics Company Limited does not guarantee, warrant or imply, as a result of negative test results, freedom of infection by a pathogen in the sample or plant from which the sample originated. By submitting a sample to Phyto Diagnostics Company Limited for testing, the customer acknowledges and accepts the limits of this liability and also acknowledges that Phyto Diagnostics Company Limited makes no warranty of any kind, expressed or implied.*