



SAMPLE SUBMISSION FORM

AC Diagnostics Testing Services

AC Diagnostics, Inc
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Phone: (479) 595-0320
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Fax: (479) 251-1791
Web: www.acdiainc.com

Sample Submitted by:

Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Sample identification (Sample type and Numbers):

#	Sample Description	#	Sample Description
1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

Crop Screen (Contains tests for frequently encountered viral pathogens of a particular crop.

Recommended if you are not sure which pathogen to test for): _____

Special Test(s) Ordered (Please contact us for tests suitable for you crop): _____

Send invoice to: Check here if same as above []

Company: _____ Attn: _____

Address: _____ City: _____ State: _____ Zip: _____

Method of payment:

[] Bill to purchase order number: _____

[] Check Enclosed

[] American Express [] Visa [] Mastercard Account Number: _____

Exp. date: _____ Cardholder's Signature: _____

Note:

Please submit samples via overnight courier (FedEx, DHL, UPS, Airborn, etc.)

For detailed information, please see Sampling and Submitting in this Web Site.