

Background Information Sheet

Please complete this form as fully as possible to assist in the interpretation of results.

Customer contact details

Name:	<input type="text"/>	Telephone:	<input type="text"/>
Address:	<input type="text"/>	Fax:	<input type="text"/>
	<input type="text"/>	E-mail:	<input type="text"/>
	<input type="text"/>		
	<input type="text"/>		

Sample Details

Your Ref:	<input type="text"/>	Date sent to NRS:	<input type="text"/>
Tree species:	<input type="text"/>	Seedlot: (origin/Ident No.)	<input type="text"/>
Supplier:	<input type="text"/>	Nursery storage: (type and time)	<input type="text"/>
Lifting date:	<input type="text"/>	Onsite storage: (type and time)	<input type="text"/>
Delivery date:	<input type="text"/>	Pesticide treatment:	<input type="text"/>
Other relevant information	<input type="text"/>		

Test/s required?