

## Forest Health Reference Laboratory Sample Submission Form

### \*Submitter's details (\*required field)

Name	
Address	
Phone number	
Email	

### Owner's details (if not the same as Submitter)

Name	
Address	
Phone number	
Email	

### Details of sample

*Collection date	
*Collection address, nearest town (and coordinates if known)	
*Situation	<input type="checkbox"/> Exotic forest <input type="checkbox"/> Native forest <input type="checkbox"/> Amenity planting <input type="checkbox"/> Single tree <input type="checkbox"/> Nursery <input type="checkbox"/> Other (provide details)
*Name of Plant/insect affected (common or Latin name if known)	
Description of plant/insect (e.g., age, height, setting, treatment)	
*Type of material submitted	<input type="checkbox"/> Leaves <input type="checkbox"/> Branch <input type="checkbox"/> Wood <input type="checkbox"/> Root <input type="checkbox"/> Root collar <input type="checkbox"/> Insect <input type="checkbox"/> Seedling <input type="checkbox"/> Soil <input type="checkbox"/> Fungi (including mushrooms) <input type="checkbox"/> Other (provide details)
*Description of the problem observed	<input type="checkbox"/> Leaf/foilage spot <input type="checkbox"/> Branch dieback <input type="checkbox"/> Tip dieback <input type="checkbox"/> Resin bleeding <input type="checkbox"/> Wilting <input type="checkbox"/> Foliage discolouration <input type="checkbox"/> Mortality <input type="checkbox"/> Insect damage <input type="checkbox"/> Needle dieback <input type="checkbox"/> Other (provide details)
Number of trees affected and pattern (if applicable)	
Comments	

PTO to sign the \*declaration

## \*Declaration

\*I acknowledge that submission of material for diagnosis means:

- 1) Information associated with this material will be made available for the Forest Health Database (co-owned by Scion and the NZ Forest Owners Association) and used for the benefit and safeguarding of New Zealand's forests; and
- 2) Under the Biosecurity Act 1993, section 44 and subsequent amendments, there is a duty to inform the Ministry for Primary Industries of any organisms suspected of being new to New Zealand.

\*Name \_\_\_\_\_ \*Date: \_\_\_\_\_

\*I ☐ consent, ☐ do not consent (please select one option) to the retention of plant/fungal material by Scion's National Culture Collections (NZFS) and/or Scion's National Forest Mycological Herbarium (NZFRIM) collections, and/or insect material by Scion's National Forest Insect Collection (FRNZ) (as applicable). These collections are accessible to the public and may be shared nationally or internationally.

DNA sequence data can be obtained and retained from fungi or insects. This information is not available to the public.

\*Name \_\_\_\_\_ \*Date: \_\_\_\_\_

## Contact Details

Courier to:

Sample Coordinator  
Forest Health Reference Laboratory  
BSI Scion Group  
49 Sala Street  
Rotorua 3010

Hand deliver to:

Sample Coordinator  
Forest Health Reference Laboratory  
BSI Scion Group  
Titokorangi Drive (formerly Long Mile Road)  
Rotorua 3010

## Email for sample correspondence or photos:

fhdiagnostics@scionresearch.com