**Seeds Health Testing Request Form** (Updated 01/03/2024)

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| **Date**: | **AIMS Entry No.:** | |
| **Import Permit Number:** | **Genus/species/variety:** | |
| **Lot number/s:** |
| Department of Regional NSW  Plant Health Diagnostic Service  Elizabeth Macarthur Agricultural Institute  Woodbridge Road  Menangle NSW 2568  Phone: 02 4640 6327 | | Department of Energy, Environment and Climate Action (DEECA)  Crop Health Services, AgriBio, 5 Ring Road  La Trobe University  Bundoora, VIC 3083  Phone: 03 9032 7515 |
| **Contact details**  Importer Name/Broker:  Phone:  E-mail:   **If using the selected laboratory for the first time please also provide:**  Company name:  ABN:  Billing Address:  Name, email address and phone number for contact person: | | **Sample size (mark X)**  20,000 seeds (Solanaceae host species)  9,400 seeds (Cucurbit host species)  For smaller sample lots (20%):  Weight of sample(g) or seed count ....................  Pooled sample |
| **Requested test/s (mark X)**  **For Tomato:**  Pepino mosaic virus  Tomato brown rugose fruit virus  Tomato mottle mosaic virus  Specified viroids  (Columnea latent viroid, Pepper chat fruit viroid, Potato spindle tuber viroid, and Tomato apical stunt viroid) | | Has the seed been treated? **(mark X)**  Yes  No  Please provide chemical name and dosage: |
| **For Capsicum:**  Specified viroids  (Columnea latent viroid, Pepper chat fruit viroid and Potato spindle tuber viroid)  Tomato brown rugose fruit virus  Tomato mottle mosaic virus | |
| **For Cucurbit host species:**  Cucumber green mottle mosaic virus (CGMMV)  Melon necrotic spot virus (MNSV)  Kyuri green mottle mosaic virus (KGMMV)  Zucchini green mottle mosaic virus (ZGMMV) | |

**Client declarations:**

I/We:

* authorise testing of the submitted seed and agree to pay for all costs incurred in this testing.
* agree to arrange payment of all costs with the testing laboratory.
* acknowledge that the tests performed onshore are destructive in nature and all seed tested will not be returned.
* acknowledge that a specified sample size per lot is required for the test.
* acknowledge that the laboratory will provide the department with copies of all reports, including interim reports.request that the laboratory give the department full rights to negotiate details of testing process, additional testing as required and destruction of samples as required.
* authorise the department to arrange transfer of seed sample to testing laboratory with a courier company.

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| **Client name:** |
| **On behalf of:** |
| **Importer business name:** |
| **Importer Address:** |
| **Signature:** |
| **Date:** |

**Instruction for testing laboratory:**  
Please e-mail results to the selected department regional office (client to mark ‘X’)

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| **Adelaide**  Email: [saplantquarantine@aff.gov.au](mailto:saplantquarantine@aff.gov.au) |
| **Brisbane**  Email: [NERPSG@aff.gov.au](mailto:NERPSG@aff.gov.au) |
| **Melbourne**  Email: [southeast.inspectionsupport@aff.gov.au](mailto:southeast.inspectionsupport@aff.gov.au) |
| **Perth**  Email: [waimports@aff.gov.au](mailto:waimports@aff.gov.au) |
| **Sydney**  Email: [CER.NurseryStock@aff.gov.au](mailto:CER.NurseryStock@aff.gov.au) |