



# Form 121 Seed Virus Survey

**A** Submitter / Owner (Contact details of party responsible for all charges)

Submitter name  Phone

Address  Suburb  Postcode

Trading name  ABN

DPIRD Project Cost Code

E-mail  CRIS ID / Property ID Code

Mobile  Signature  Date

**B** Complete the following if a duplicate copy is required to another party

Name

E-mail

Phone

**C** Sample information

Number of samples submitted  Sampling date

**Sample ID 1**  Variety

Source (tick) Farm grown  or Purchased seed  No. years grown / supplier

**Sample ID 2**  Variety

Source (tick) Farm grown  or Purchased seed  No. years grown / supplier

**Sample ID 3**  Variety

Source (tick) Farm grown  or Purchased seed  No. years grown / supplier

**Sample ID 4**  Variety

Source (tick) Farm grown  or Purchased seed  No. years grown / supplier

**Sample ID 5**  Variety

Source (tick) Farm grown  or Purchased seed  No. years grown / supplier

## Delivery Instructions

Samples can be delivered in person or addressed to:

DPIRD Diagnostic Laboratory Services  
Specimen Reception C Block  
Department of Primary Industries and Regional Development  
3 Baron-Hay Court  
South Perth WA 6151

This form is available on the DDLS Plant Pathology home page  
<https://www.agric.wa.gov.au/bacteria/ddls-plant-pathology-services>