



# Foundation Plant Services

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UCDAVIS

## FPS CUSTOM ROSE VIRUS TESTING & ELIMINATION SERVICES

### Service Request Form

A COPY OF THIS FORM MUST ACCOMPANY PLANT MATERIAL WHEN SUBMITTED

Date Material Submitted: \_\_\_\_\_

#### **CUSTOMER INFORMATION:**

Submitted by: \_\_\_\_\_  
Name of Contact Person

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(if available)

#### **TYPE OF SERVICE REQUESTED:**

#### **Fee**

- Heat Therapy & Full Virus Testing Panel . . . . . \$2,000.00 per selection
- Full Virus Testing Panel (Multiflora, Shiro & ELISA) . . . . . \$500.00 per selection
- Shirofugen Cherry Indexing Only . . . . . \$20.00 per selection

<b>Total Fee Enclosed:</b>	\$
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