Form 1001 Weed Identification

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | A | | Contact details of party responsible for all charges | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |  |
|  |  | Trading name | | |  | | | | ABN | |  | | | | |  |
|  |  | | | | | | | | | | | | | | |  |
|  |  | Address | | |  | | | | | | | Postcode | | |  |  |
|  |  | | | | | | | | | | | | | | |  |
|  |  | Full name | | |  | | | Phone | | | | |  | | |  |
|  |  | Note: A phone number or fax number or email must be provided if available | | | | | | | | | | | | | | |
|  |  | E-mail | |  | | | | | | Fax | | |  | | |  |
|  |  | | | | | | | | | | | | | | | |
|  |  | Mobile | |  | | Signature |  | | | | | | Date |  | |  |
|  |  | | | | | | | | | | | | | | | |

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| B | Complete the following if a duplicate copy is required to another party | | | | | | | | | | | | | | | | | |
| Please mail | | |  | E-mail | | | | |  | | | |  | Fax | |  |  | |
|  | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| Postcode | |  | | |  | | | E-mail | | | |  | | | | | |  |
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| C | Where found | | | | | |  | | | |  | | | | | |  | | | |  | | |  | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Shire | |  | | | | | | | | | | | | | | | | | Location | | |  | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distance and direction from nearest town | | | | | | | | | | | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property owner | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sample ID | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of samples | | | |  | | | | | Sampling date | | | | | |  | | | | | CRIS Prop ID | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In crop | | | Pasture | | | Wasteland | | | | | | | On roadside | | | | | In water | | | | | Other |  | | |  |
|  | | | | |  | | |  | |  |  |  |  | | |  | | | | | | | | | | |  |

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| HortGuard Logo Green | **Protecting agricultural industries**  Free test (**x**)  I believe this pest is a new threat  to Western Australia  to this region of the state |  |

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| D | Other details | | |
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| Any other information which may aid identification, e.g. soil type, seeding history, waterlogging, etc. | |  |  |
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**Sampling Guidelines**

Please follow these guidelines to ensure you send the most appropriate plant sample for accurate and timely identification.

* Label all samples clearly with a permanent marker.
* Submit whole plants. This includes part of the root system, leaves (mature, and immature) as well as flowers, seed pods or fruit. If there are no flowers or seed heads, wait until plant is mature before collecting (mark in field with a peg, or grow in a pot).
* Collect fresh samples. If need be they can be pressed dry.
* Submit more than one plant.
* Put fresh plant samples between several sheets of absorbent paper (e.g. newspaper).
* Place piece of cardboard either side to prevent crushing during transit.
* Seal the sample inside a paper bag. Do not use a plastic bag.
* Fill in submission form and reason for identification.

Free Delivery Instructions

Despatch samples in enclosed postal bag at any WA Post Office.

If not using the AGWEST Plant Laboratories despatch bag, address your sample to:

AGWEST Plant Laboratories  
Department of Agriculture and Food  
Reply Paid 83377

3 Baron-Hay Court  
South Perth WA 6151

This form is available on the APL home page

[**agric.wa.gov.au/agwestplantlabs**](http://www.agric.wa.gov.au/agwestplantlabs)