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| **SAMPLING / TESTING RECORD** | | | | | | | | |
| **KPIN** | **Date of sampling:** | **Sampling body or sampler’s name:** | **Location of sample: Block/row/position** | **Block/Batch number** | **Variety** | **Pest detected in laboratory test.** | **Name of Pest or disease detected** | **Hard copy laboratory result held?** |
|  |  |  | | | |  |  | YES / NO |  | YES / NO |
|  |  |  | | | |  |  | YES / NO |  | YES / NO |
|  |  |  | | | |  |  | YES / NO |  | YES / NO |
|  |  |  | | | |  |  | YES / NO |  | YES / NO |
|  |  |  | | | |  |  | YES / NO |  | YES / NO |
|  |  |  | | | |  |  | YES / NO |  | YES / NO |
|  |  |  | | | |  |  | YES / NO |  | YES / NO |
|  |  |  | | | |  |  | YES / NO |  | YES / NO |
|  |  |  | | | |  |  | YES / NO |  | YES / NO |
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