|  |
| --- |
|  **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 |
|  |   |  |  | | |   |  | YES / NO |  | YES / NO |
|  |   |  |  | | |   |  | YES / NO |  | YES / NO |
|  |  |  |  | | |  |  |  |  |  |
|  |  |  |  | | |  |  |  |  |  |
|  |  |  |  | | |  |  |  |  |  |
|  |  |  |  | | |  |  |  |  |  |