

## OSR Leaf Analysis Samples

Please complete details below and include with your sample

Contact Name \_\_\_\_\_

Email address \_\_\_\_\_

Farm name \_\_\_\_\_

Farm address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Town \_\_\_\_\_

Postcode \_\_\_\_\_

Contact telephone number \_\_\_\_\_

### Oilseed Rape Disease – Leaf Analysis

Variety \_\_\_\_\_

Date sown \_\_\_\_\_

Growth Stage \_\_\_\_\_

Is there evidence of light leaf spot in the crop

yes

no

Has the crop had a fungicide spray

yes

no

Date samples collected: \_\_\_\_\_

Preferred method of report

email

text

See reverse for guidance on collecting samples.

We would like to continue to send you offers and information about products and services from Bayer. We would also like to use your information for research and development purposes.

Tick here if you would prefer NOT to receive such offers and information by

mail

phone

email

