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| **Innsender:**  | **[ ]  Rapport** **[ ] Kopi [ ] Faktura** | **Leier/dyrker:**  | **[ ]  Rapport [ ] Kopi [ ] Faktura** | **Eier:**  | **[ ]  Rapport [ ] Kopi [ ] Faktura** |
| **Navn:**       **Tlf/faks/E-post:**       | **Navn:**       **Tlf/faks/E-post:**       | **Navn:**       **Tlf/faks/E-post:**       |
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| **Uttaksårsak:**       |
| **Referanse:** |  **Prøvetatt eiendom ligger i Fylke:** | **Prøvetatt eiendom ligger i Kommune**  | **Prøvetaker:** |

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|  | **Analyser:** | **Frittlevendenematoder**  |  **[ ]  Cystenematoder [ ]**  | [ ]  PCN [ ]  Forekomst av PCN cyste [ ]  Art [ ]  Smittenivå [ ]  Rase/patotype |
|  | **Merking** | **Gnr./Bnr.** | **Gårdsnavn** | **Prøvemateriale/vekst** | **Uttaksdato** | **Merknader** |
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**Innsenders signatur med dato:………………………………………………………………………… Side……. av ……..**

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| Wilabnr.: | Mottatt:  | Registrert: |