

# Sample Submission Form-*Phytophthora ramorum*

Please complete a form for each sample you submit. See sampling guidelines for additional information.

Name and affiliation of person submitting sample: \_\_\_\_\_

\_\_\_\_\_

Phone # and E-mail of person submitting sample: \_\_\_\_\_

\_\_\_\_\_

Address sample was taken from: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

GPS coordinates: \_\_\_\_\_

Date sample was collected: \_\_\_\_\_

Name of host plant(s) sampled: \_\_\_\_\_

Number of plants examined: \_\_\_\_\_

Number of leaves submitted: \_\_\_\_\_

Approximate date of purchase: \_\_\_\_\_

Approximate date of planting: \_\_\_\_\_

Plant purchased from, name and location: \_\_\_\_\_

Were any unusual symptoms observed at the time of purchase? If yes, briefly describe. \_\_\_\_\_

\_\_\_\_\_

Were any unusual symptoms observed after planting? If yes, briefly describe. \_\_\_\_\_

\_\_\_\_\_

Have you treated the plant(s) with any chemicals (fertilizer, fungicide, herbicide, etc)? If yes, please list the chemical(s), approximate date of application and rate of chemical.

\_\_\_\_\_

Please list additional information that may be relevant for this sample (use reverse side if necessary).

\_\_\_\_\_

\_\_\_\_\_

## For Lab Use Only:

Sample Code	
Date Received	
Lab Samples	
ELISA Date / #	
ELISA Results	
PCR Date / #	
PCR Results	
Culture Number	
Culture Date	
Culture Results	
Other	

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