

HAREC Plant Pathology Sample Submission Form

Office Use:	Subsamples: _____ <input type="checkbox"/> GD <input type="checkbox"/> PCR <input type="checkbox"/> SS/BD Tubers
PCE#: _____	<input type="checkbox"/> Soil <input type="checkbox"/> Fusarium <input type="checkbox"/> Verticillum <input type="checkbox"/> Pythium
Date Rec: _____	Diagnosis: _____
Date Called: _____	Invoice Date: _____ Invoice Total: _____

Grower: _____	Submitter: _____
Company: _____	Company: _____
Street: _____	Street: _____
City: _____ State _____ Zip _____	City: _____ State _____ Zip _____
E-mail: _____	E-mail: _____
Telephone: _____ Fax _____	Telephone: _____ Fax _____
Bill to (Must check one): <input type="checkbox"/> Grower <input type="checkbox"/> Submitter (General Sample Fee: \$60.00; additional fees may apply)	
Send results to (Please check all that apply): <input type="checkbox"/> Grower <input type="checkbox"/> Submitter Send results via: <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Fax	
Submitter signature is needed to verify you are aware of fees: _____	

Host/Plant: _____ **Variety:** _____

Date Planted: _____ **Number of years at present site:** _____

Previous crops: _____

Acreage: _____ **% Affected:** _____ **Number of plants affected:** _____

Exposure: full sun partial shade full shade windy protected

Distribution of affected plants: single plants grouped scattered edge of field

Soil characteristics: sandy clay silt loam organic hard pan

Irrigation type and frequency: _____

Pesticide or Fertilizer Applications (product, rate, frequency): _____

Date damage was first noticed: _____

Symptoms (wilted, stunted, yellow, dead, deformed, etc.): _____

Laboratory Use:	Notes:
<input type="checkbox"/> Moist Chamber	
<input type="checkbox"/> Culture _____	
<input type="checkbox"/> Soft Rot Panel	
<input type="checkbox"/> Necrotic Tuber Panel	
<input type="checkbox"/> Other PCR _____	

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Specialty Testing Services

Soil Testing (Check all that apply):

- Pythium* spp. *Fusarium* spp. *Verticillium dahliae*
 Colletotrichum coccodes (Black Dot) pH Metalaxyl resistant *Pythium* spp.

Total number of soil samples _____

Silver Scurf and Black Dot Tuber Assay (Check all that apply):

- Silver Scurf Black Dot

Specialty Pathogen Testing*

I want to test for a specific Virus Fungus Bacterium

Pathogen Name _____ Host _____

Number of Samples** _____ Bulk Testing? Yes No

*Please contact lab prior to sending samples to determine if we test for a desired pathogen.

**Plants will be tested individually unless otherwise instructed. Plant samples can be bulked to reduce testing costs. If bulk testing is requested, typically five plants are sampled and tested as one. Please note that bulk testing may decrease the ability to detect an organism.

Laboratory Use:

- Moist Chamber
 Culture _____
 Soft Rot Panel
 Necrotic Tuber Panel
 Other PCR _____

Notes:



Extension Plant Pathology Laboratory
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