Sample ID No. _____ (PLEASE WRITE THIS NUMBER ON THE SAMPLE BAG)

Lab Number: _____ Subsamples A-_____ Date Received: _____

SAMPLE IDENTIFICATION: Official _____ Unofficial ____ Inspector: _____

Commodity: _____ Lot Number: _____ Sample Date: _____

Variety: _____ Origin: _____ Weight: _____

Company: _____ Contact: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone/Fax: _____

Reason for sample: _____
(Bean serology, export, pest survey, service, etc.)

REQUESTED TESTS (Please mark box to the left of tests)

	Alfalfa	POS	NEG		Corn	POS	NEG
	Clavibacter michiganense subsp. insidiosum	____	____		*Diplodia spp.***	____	____
	Xanthomonas campestris pv. alfalfae	____	____		*Fusarium spp.*	____	____
	Cercospora medicaginis	____	____		*Helminthosporium maydis*	____	____
	Phoma spp.	____	____		High Plains virus (call for availability)	____	____
	Verticillium albo-atrum	____	____		Maize Dwarf Mosaic virus	____	____
	Alfalfa Mosaic virus**	____	____		Wheat Streak Mosaic virus	____	____
	Bean				Pea		
	Curtobacter flaccumfaciens				*Pseudomonas syringae pv. pisi*	____	____
	subsp. flaccumfaciens	____	____		*Ascochyta spp.*	____	____
	Pseudomonas syringae syringae	____	____		*Fusarium oxysporum pisi*	____	____
	P. syringae pv. phaseolicola	____	____		*Phoma spp.*	____	____
	Xanthomonas axonopodis pv. phaseoli	____	____		Potato		
	X. axonopodis pv. phaseoli var. fuscans	____	____		*Clavibacter michiganense subsp. sepedonicus*	____	____
	Colletotrichum lindemuthianum	____	____		Potato virus Y	____	____
	Fusarium spp.	____	____		Potato Leaf Roll virus	____	____
	Phaeoisariopsis griseola	____	____		Tomato		
	Bean Common Mosaic virus **	____	____		*X. campestris pv. vesicatorium*	____	____
	Brassicas				*Fusarium spp.*	____	____
	Eschericia coli O157:H7	____	____		Wheat, Barley, Oats and Straw		
	Pseudomonas syringae pv. maculicola	____	____		*Tilletia indica*	____	____
	Salmonella spp.	____	____		*Tilletia controversa*	____	____
	Carrot				*Urocystis spp.*	____	____
	Xanthomonas campestris pv. carotae	____	____		Miscellaneous		
	Alternaria dauci	____	____		*Phytophthora ramorum***	____	____
	Alternaria radicina	____	____		Potyvirus screen **	____	____
	****Test on field tissue only**						

Comments/requests:

Date Reported: _____ Analyst: _____

IDAHO STATE DEPARTMENT OF AGRICULTURE
PLANT PATHOLOGY LABORATORY ANALYSIS SUBMISSION AND REPORT FORM
2230 Old Penitentiary Road, Boise, ID 83712 Phone: 208-332-8640 Fax: 208-332-8645