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. savastanoi 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
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