

## Florida Department of Agriculture and Consumer Services Division of Plant Industry

## SPECIMEN SUBMISSION FORM

Section 581.031(14)(a), F.S. / Incorporated in Rule 5B-2.0011, F.A.C. Referenced in Rule 5B-2.010, F.A.C.

Apiary Botany Entomolog	y IFA N		Pathology		Priority: (1) Urgent (2) Routine	Purpose: (1) Quars (2) Contr (3) Plant (4) Surve (5) Acad (6) Certif	rol Problem ey emic	Dispositi (1) Pin (2) Pre (3) Slid (4) Dis (5) Re (6) En (7) Voi	eserve de card turned velope
Date Collected:		Collector:					DPS #:		
Date Sent: Sender:									
Owner, Nursery, Grove or A	piary Yar	d Name:					Т	R	S
	-								
Address or Location of Specimen:					Nursery #:				
City, State, Zip:				Block #:					
County:	Cou	ntry:			PS Coordinates at.:		ong.:		
Total Number of Plants Invol	ved:			То	tal Acres Involv	/ed:			
Total Number of Plants Affec	cted:			То	tal Acres Affect	ted:	•		
Infestation Intensity:	t Involved (1) Bark (2) Flower (3) Fruit (4) Leaves (5) Roots (6) Seed (7) Stem	(8) (9) (10) (5)	Gall Mine ) Litter ) Soil ) Other	$ \begin{array}{c} (3) \\ (4) \\ (5) \\ (6) \end{array} $	<b>iism:</b> Egg Larva Pupa	Collecting Technique: (1) Beating (2) Black Lig (3) Hand Ca (4) Jackson CUE – ME - (5) Lindgren Funnel	ht tch TML	(6) Multi-Lu (7) McPhail (8) Reared (9) Sticky B (10) Sweep (11) Other	oard
Remarks:									
Email Address(es) for Additi	onal Rep	orts:							
Determiner:	Date Comp	oleted:		Recip	ient of Report:				

## NEMATODE CERTIFICATION FORM

Date:	AZ	SURVEY		
	CA	PLANT PROBLEM		
Collector:	TX	BN BUFFER		
Owner, Nursery or Grove:	LA	🗌 PIT		
	🗌 EU	SOIL FORMULATOR		
	D PM	☐ OTHER		
Address or Location:	□ SITE			
City:				
Total Samples:				
Collection Number Host	Block	Accession Number (Lab Only)		
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	·			
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	·			
Remarks:				