# 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.

**NICOLE "NIKKI" FRIED**
**COMMISSIONER**

| Apiary | Botany | Entomology | IFA | Nematology | Pathology |
|:------:|:------:|:----------:|:---:|:----------:|:---------:|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Log Number:

Date Received:

**Priority:**
☐ (1) Urgent
☐ (2) Routine

**Purpose:**
☐ (1) Quarantine
☐ (2) Control
☐ (3) Plant Problem
☐ (4) Survey
☐ (5) Academic
☐ (6) Certification

**Disposition:**
☐ (1) Pin
☐ (2) Preserve
☐ (3) Slide
☐ (4) Discard
☐ (5) Returned
☐ (6) Envelope
☐ (7) Voucher

**Host Plant Scientific Name:**

**Host Plant Common Name:**

Diagnosis or Determination:

| Date Collected: | Collector: | DPS #: |
|---|---|---|

| Date Sent: | Sender: |
|---|---|

| Owner, Nursery, Grove or Apiary Yard Name: | T | R | S |
|---|---|---|---|

| Address or Location of Specimen: | Nursery #: |
|---|---|

| City, State, Zip: | Block #: |
|---|---|

| County: | Country: | GPS Coordinates: Lat.:        Long.: |
|---|---|---|

| Total Number of Plants Involved: | Total Acres Involved: |
|---|---|

| Total Number of Plants Affected: | Total Acres Affected:        . |
|---|---|

**Infection or Infestation Intensity:**
☐ (1) Slight
☐ (2) Moderate
☐ (3) Severe

**Part Involved:**
☐ (1) Bark
☐ (2) Flower
☐ (3) Fruit
☐ (4) Leaves
☐ (5) Roots
☐ (6) Seed
☐ (7) Stem
☐ (8) Gall
☐ (9) Mine
☐ (10) Litter
☐ (11) Soil
☐ (12) Other

**Stage or Organism:**
☐ (1) Egg
☐ (2) Larva
☐ (3) Pupa
☐ (4) Adult
☐ (5) Nymph
☐ (6) All Stages
☐ (7) Unknown

**Collecting Technique:**
☐ (1) Beating
☐ (2) Black Light
☐ (3) Hand Catch
☐ (4) Jackson CUE – ME - TML
☐ (5) Lindgren Funnel
☐ (6) Multi-Lure
☐ (7) McPhail
☐ (8) Reared
☐ (9) Sticky Board
☐ (10) Sweeping
☐ (11) Other

**Remarks:**

**Email Address(es) for Additional Reports:**

| Determiner: | Date Completed: | **Recipient of Report:** |
|---|---|---|

# NEMATODE CERTIFICATION FORM

**Date:** _____

**Collector:** _____

**Owner, Nursery or Grove:** _____

_____

_____

**Address or Location:** _____

**City:** _____

**Total Samples:** _____

☐ AZ     ☐ SURVEY

☐ CA     ☐ PLANT PROBLEM

☐ TX     ☐ BN BUFFER

☐ LA     ☐ PIT

☐ EU     ☐ SOIL FORMULATOR

☐ PM     ☐ OTHER

☐ SITE     _____

| Collection Number | Host | Block | Accession Number (Lab Only) |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**Remarks:**

_____

_____

_____

_____