



Florida Department of Agriculture and Consumer Services
Division of Plant Industry

SPECIMEN SUBMISSION FORM

**WILTON SIMPSON
COMMISSIONER**

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 <input type="checkbox"/>	Botany <input type="checkbox"/>	Entomology <input type="checkbox"/>	IFA <input type="checkbox"/>	Nematology <input type="checkbox"/>	Pathology <input type="checkbox"/>	Priority: <input type="checkbox"/> (1) Urgent <input type="checkbox"/> (2) Routine	Purpose: <input type="checkbox"/> (1) Quarantine <input type="checkbox"/> (2) Control <input type="checkbox"/> (3) Plant Problem <input type="checkbox"/> (4) Survey <input type="checkbox"/> (5) Academic <input type="checkbox"/> (6) Certification	Disposition: <input type="checkbox"/> (1) Pin <input type="checkbox"/> (2) Preserve <input type="checkbox"/> (3) Slide <input type="checkbox"/> (4) Discard <input type="checkbox"/> (5) Returned <input type="checkbox"/> (6) Envelope <input type="checkbox"/> (7) Voucher		
Log Number:										
Date Received:										
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: <input type="checkbox"/> (1) Slight <input type="checkbox"/> (2) Moderate <input type="checkbox"/> (3) Severe		Part Involved: <input type="checkbox"/> (1) Bark <input type="checkbox"/> (2) Flower <input type="checkbox"/> (3) Fruit <input type="checkbox"/> (4) Leaves <input type="checkbox"/> (5) Roots <input type="checkbox"/> (6) Seed <input type="checkbox"/> (7) Stem			<input type="checkbox"/> (8) Gall <input type="checkbox"/> (9) Mine <input type="checkbox"/> (10) Litter <input type="checkbox"/> (11) Soil <input type="checkbox"/> (12) Other		Stage or Organism: <input type="checkbox"/> (1) Egg <input type="checkbox"/> (2) Larva <input type="checkbox"/> (3) Pupa <input type="checkbox"/> (4) Adult <input type="checkbox"/> (5) Nymph <input type="checkbox"/> (6) All Stages <input type="checkbox"/> (7) Unknown		Collecting Technique: <input type="checkbox"/> (1) Beating <input type="checkbox"/> (2) Black Light <input type="checkbox"/> (3) Hand Catch <input type="checkbox"/> (4) Jackson CUE – ME - TML <input type="checkbox"/> (5) Lindgren Funnel <input type="checkbox"/> (6) Multi-Lure <input type="checkbox"/> (7) McPhail <input type="checkbox"/> (8) Reared <input type="checkbox"/> (9) Sticky Board <input type="checkbox"/> (10) Sweeping <input type="checkbox"/> (11) Other	
Remarks:										
Email Address(es) for Additional Reports:										
Determiner:			Date Completed:			Recipient of Report:				

NEMATODE CERTIFICATION FORM

Date: _____

AZ

SURVEY

Collector: _____

CA

PLANT PROBLEM

TX

BN BUFFER

Owner, Nursery or Grove: _____

LA

PIT

EU

SOIL FORMULATOR

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:
