

Palm Phytoplasma Sample Submission Form Fort Lauderdale Research and Education Center

Mail samples and payment to:
FLREC
Attn: Dr. Brian W. Bahder
3205 College Ave.
Davie, FL 33314-7719

Contact info.:
E-Mail: bbahder@ufl.edu
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Forms available at:
<http://flrec.ifas.ufl.edu/featured-3-menus/research-entomology-and-nematology/>
For more info:
<http://flrec.ifas.ufl.edu/faculty/brian-bahder/>

| | Submitter Information | Client Information |
|------------------------|-----------------------|--------------------|
| Name: | | |
| Company: | | |
| Address: | | |
| City/State/Zip: | | |
| Phone No.: | | |
| E-Mail: | | |

Check all that apply:

| | |
|--------------------------|--------------|
| <input type="checkbox"/> | Commercial |
| <input type="checkbox"/> | Homeowner |
| <input type="checkbox"/> | Public |
| <input type="checkbox"/> | UF Extension |
| <input type="checkbox"/> | UF Research |

Send results to: _____

Processing fees per palm sample:
Quantitative PCR (qPCR) - \$75
Duplicate qPCR - \$105
Digital PCR (dPCR) - \$200

Processing desired: qPCR
 Duplicate qPCR
 dPCR

Number of Samples: _____ **Amount enclosed:** _____

**Please make checks payable to 'University of Florida' and enclose with the palm sample and send to FLREC*
Note: Samples cannot be processed until payment is received.*

Sample Information (* indicates mandatory information):

| *County | *City | *Date of sample | Date sent | *No. of plants affected | *Date of symptoms | *Palm Species |
|---------|-------|-----------------|-----------|-------------------------|-------------------|---------------|
| | | | | | | |

Spear Leaf: Healthy
 Dead

Fruit present: Yes
 No

Comments: _____

Canopy Health: Dead
% value is approximate
 25% green
 50% green
 75% green
 100% green

Fertilizer Applied: Yes
if yes, provide date, quantity and type in comments
 No

Irrigated: Yes
 No

Symptoms: Yellow leaves
 Dark brown leaves
 Bronze colored leaves
 Gray leaves
 Wilt
 Other – please describe in comments

Habitat: Private yard
 Urban landscape
 Nursery
 Highway
 Wild/native
 Other – please describe in comments



Official Use Only

| | | | | |
|------------------|------------|----------|------------|------------|
| Sample received: | Processed: | Payment: | Check No.: | Sample ID: |
|------------------|------------|----------|------------|------------|