

Palm Sample Submission Form
Fort Lauderdale Research and Education Center

Mail samples to:
Palm Mycology Lab
3205 College Ave
Davie, FL 33314

Contact Info:
Email: dhillonb@ufl.edu
Phone: (954) 577-6315
Lab: (954) 577-6391
Fax: (954) 475-4125

| | Submitter Information | Client Information |
|----------------|-----------------------|--------------------|
| Name | | |
| Company | | |
| Address | | |
| City/State/Zip | | |
| Phone No | | |
| Email | | |

Check all that apply:

- Commercial
- Homeowner
- Public
- UF Extension
- UF Research

Email results to: _____

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.*

Plant and Site Information (**indicates mandatory information*)

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

Planting type: Field Private yard Highway Nursery Greenhouse Wild/native Other

Irrigation type and frequency: _____ **Exposure:** Full sun Partial Shade Full Shade

Pesticides applied in past 45 days: _____

Fertilizers applied in past 6 months: _____

Spear Leaf: Healthy Dead

FL sample fees - \$40 - Conk/Culturing,
\$80 - PCR for detection.
Outside of Florida: +\$10 per sample;
Additional \$50 Rush Service Fee for
1-5 sample(s), \$100 for 6+;
Make check payable to University of Florida

Describe the symptoms - (Use a separate sheet, if necessary)

Include symptoms, plant parts affected, pattern of occurrence, etc.

| | | | | |
|--------------------------|------------|----------|------------|------------|
| <u>Official Use Only</u> | | | | |
| Sample received: | Processed: | Payment: | Check No.: | Sample ID: |