

# 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  
Phone: (954)577-6305  
Lab: (954)577-6352  
Fax: (954)475-4125

**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
<b>Name:</b>		
<b>Company:</b>		
<b>Address:</b>		
<b>City/State/Zip:</b>		
<b>Phone No.:</b>		
<b>E-Mail:</b>		

**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:
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