



Florida Department of Agriculture and Consumer Services  
Division of Plant Industry

**SPECIMEN SUBMISSION FORM**

NICOLE "NIKKI" FRIED  
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.

<b>Apiary</b> <input type="checkbox"/>	<b>Botany</b> <input type="checkbox"/>	<b>Entomology</b> <input type="checkbox"/>	<b>IFA</b> <input type="checkbox"/>	<b>Nematology</b> <input type="checkbox"/>	<b>Pathology</b> <input type="checkbox"/>	<b>Priority:</b> <input type="checkbox"/> (1) Urgent <input type="checkbox"/> (2) Routine	<b>Purpose:</b> <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	<b>Disposition:</b> <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:					
<b>Infection or Infestation Intensity:</b>  <input type="checkbox"/> (1) Slight <input type="checkbox"/> (2) Moderate <input type="checkbox"/> (3) Severe		<b>Part Involved:</b> <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		<b>Stage or Organism:</b> <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		<b>Collecting Technique:</b> <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)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks:

\_\_\_\_\_  
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\_\_\_\_\_  
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