

FUNGICIDE-RESISTANCE TESTING FORM

Name _____ Company Name _____
LAST FIRST MI (IF APPLICABLE)


Mailing Address _____
STREET CITY STATE ZIP

Phones () (HOME • WORK • CELL?) () (HOME • WORK • CELL?)

EMAIL (reports are emailed – print clearly)

Copy report to Clemson specialist for comments: schnabe@clemsun.edu (Dr. Guido Schnabel)

Sample Collection Site: <i>(if different from above)</i>	Name/Company _____
	Address _____
	Phone _____ Email _____ County _____

 Scan QR code to pay online. Go to section: MPPD Lab	BILLING ACCOUNT: _____ If none, submit payment with sample material. Make checks payable to Clemson University .	Check # _____
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<input type="checkbox"/> Fungicide-Resistance Testing: PANEL 1 Currently, we only accept <i>Botrytis</i> for this testing service. A set of 10 <i>Botrytis</i> isolates per sample will be tested for resistance against a panel of the following five fungicides: boscalid, fenhexamid, fludioxonil, fluopyram, and iprodione (e.g.: Pristine, Elevate, Switch and Miravis Prime, Luna Sensation, and Rovral).	<input type="checkbox"/> \$40.00 in-state South Carolina <input type="checkbox"/> \$50.00 out-of-state
<input type="checkbox"/> Fungicide-Resistance Testing: PANEL 2 Currently, we only accept <i>Botrytis</i> for this testing service. A set of 10 <i>Botrytis</i> isolates per sample will be tested for resistance against a panel of the following five fungicides: cyprodinil, isofetamid, penthiopyrad, pyraclostrobin, and thiophanate . (e.g.: Switch and Inspire Super, Fontelis, Kenjia, Pristine and Merivon, and TopsinM).	<input type="checkbox"/> \$40.00 in-state South Carolina <input type="checkbox"/> \$50.00 out-of-state
TOTAL OF TEST FEES: \$ _____	

Name of plant _____ Cultivar/variety _____

Field ID/Reference _____ (Optional, up to 20 characters. Examples: Front Yard; Lot 1205497)

County where collected _____ Date collected _____

Comments: _____

Location of planting: <input type="checkbox"/> Field <input type="checkbox"/> Greenhouse <input type="checkbox"/> Nursery <input type="checkbox"/> Orchard <input type="checkbox"/> Other: _____	Sample type: <input type="checkbox"/> Spores on swabs <input type="checkbox"/> Diseased tissue: <input type="checkbox"/> Fruits/Flowers <input type="checkbox"/> Leaves <input type="checkbox"/> Stems/Runners <input type="checkbox"/> Twigs/branches	Degree of problem: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Problem is: <input type="checkbox"/> Getting worse <input type="checkbox"/> Staying the same	Pesticides/fungicides applied to the plants Include names and dates: _____ _____ _____
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