

BOTRYTIS 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@clemsn.edu (Dr. Guido Schnabel)

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

BILLING ACCOUNT: _____ If none, pay online or submit payment (cash or check) with sample material.	 Scan QR code to pay online. Go to section: MPPD Lab , enter Quantity as 2 Or Miscellaneous Payment , enter Payment Amount as 80 or 100.	Check # _____ Make checks payable to Clemson University.
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<input type="checkbox"/> Botrytis Fungicide-Resistance Testing A set of 10 <i>Botrytis</i> isolates per sample will be tested for resistance against a panel of 10 fungicides: boscalid, cyprodinil, fenhexamid, fludioxonil, fluopyram, iprodione, isofetamid, penthiopyrad, pyraclostrobin+SHAM, and thiophanate-methyl (e.g.: Pristine, Inspire Super/Vanguard, Elevate, Switch/Miravis Prime, Luna Sensation, Rovral/Meteor, Kenja, Fontelis, Cabrio, and Topsin M).	<input type="checkbox"/> \$80.00 in-state South Carolina <input type="checkbox"/> \$100.00 out-of-state
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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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