**COLLETOTRICHUM 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@clemson.edu (Dr. Guido Schnabel)

<table>
<thead>
<tr>
<th>Sample Collection Site:</th>
<th>Name/Company</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>(if different from above)</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Phone</th>
<th>Email</th>
<th>County</th>
</tr>
</thead>
</table>

**PAYMENT METHODS**

☐ Billing Account: ______________________

☐ Check #: ______________________

☐ Cash

☐ Credit/Debit Card

(scan QR code to pay online)

Marketplace order #: ______________________

☐ $80.00 in-state South Carolina

☐ $100.00 out-of-state

**Colletotrichum Fungicide-Resistance Testing**

A set of 1 to 10 *Colletotrichum* isolates per sample, depending on the number of isolates recovered from the sample, will be tested for resistance to QoI fungicides (e.g.: pyraclostrobin+SHAM, common trade name Cabrio).

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:**

☐ Field

☐ Greenhouse

☐ Nursery

☐ Orchard

☐ Other: ____________

<table>
<thead>
<tr>
<th>Sample type:</th>
<th>Degree of problem:</th>
<th>Pesticides/fungicides applied to the plants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseased tissue*</td>
<td>Light</td>
<td>Include names and dates:</td>
</tr>
<tr>
<td>Fruits</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Flowers</td>
<td>Severe</td>
<td></td>
</tr>
<tr>
<td>Leaves</td>
<td>______________________</td>
<td></td>
</tr>
<tr>
<td>Stems/Runners</td>
<td>______________________</td>
<td></td>
</tr>
<tr>
<td>Twigs/branches</td>
<td>______________________</td>
<td></td>
</tr>
</tbody>
</table>

**Problem is:**

☐ Getting worse

☐ Staying the same

* We recommend submitting 15 to 20 freshly collected fruits with typical anthracnose symptoms. Pack each fruit in a separate sealed plastic bag and use expedited shipping. Contact Dr. Xiao Yang at (864) 646-2133 before submitting other sample types. Insufficient samples may prevent timely testing and reporting.