

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@clemsun.edu (Dr. Guido Schnabel)

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

PAYMENT METHODS	
<input type="checkbox"/> Billing Account: _____ <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Cash	 <input type="checkbox"/> Credit/Debit Card (scan QR code to pay online) Marketplace order #: _____

<input type="checkbox"/> Colletotrichum Fungicide-Resistance Testing A set of 1 to 10 <i>Colletotrichum</i> 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).	<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"/> Diseased tissue* : <input type="checkbox"/> Fruits <input type="checkbox"/> 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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* 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.