

Appendix C

Plant Diagnostic Lab Submission Form

 Ministry of Agriculture, and Lands Plant Diagnostic Laboratory Abbotsford Agriculture Centre 1767 Angus Campbell Road Abbotsford, British Columbia V3G 2M3 Fax: (604) 556-3154 Telephone: (604) 556-3126 Toll-Free 1-888-221-7141	PLANT DIAGNOSTIC LAB SUBMISSION FORM															
	LAB USE ONLY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">DATE RECEIVED</td> <td style="width: 10%;">MAIL</td> <td style="width: 10%;">COURIER</td> <td style="width: 10%;">WALK-IN</td> <td style="width: 20%;">PAYMENT RECEIVED</td> <td style="width: 20%;">SPECIMEN NO.</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td></td> </tr> </table>					DATE RECEIVED	MAIL	COURIER	WALK-IN	PAYMENT RECEIVED	SPECIMEN NO.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>												
PLEASE SUPPLY AS MUCH INFORMATION AS POSSIBLE, SEE REVERSE FOR DETAILS ON HOW TO MAKE SUBMISSIONS* * All results are kept confidential. Copy of results is sent to submitter only unless stated otherwise.																
GROWER	PHONE NO.	SUBMITTED BY	PHONE NO.													
FARM NAME	FAX NO.	COMPANY NAME	FAX NO.													
ADDRESS		ADDRESS														
POSTAL CODE		POSTAL CODE														
EMAIL		EMAIL														
SITE OF SAMPLE COLLECTION <input type="checkbox"/> Lawn <input type="checkbox"/> Garden <input type="checkbox"/> Greenhouse <input type="checkbox"/> Indoor <input type="checkbox"/> Field <input type="checkbox"/> Nursery <input type="checkbox"/> Orchard <input type="checkbox"/> Golf course <input type="checkbox"/> Landscape <input type="checkbox"/> Other		COPIES OF REPORT TO BE SENT TO														
COLLECTION DATE	CROP	VARIETY	CROP AGE													
DESCRIPTION OF SYMPTOMS (PROBLEM DESCRIPTION, POSSIBLE CAUSES, SPECIFIC QUESTIONS, ETC.) ATTACH SEPARATE SHEET IF NECESSARY.					PRIORITY <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Casual <input type="checkbox"/> Research <input type="checkbox"/> Specific test(s) <input type="checkbox"/> Invasive <input type="checkbox"/> Alien Species											
CROP SIZE (ha, m ²)	% AFFECTED SIZE	DISTRIBUTION OF SYMPTOMS: <input type="checkbox"/> General <input type="checkbox"/> Random <input type="checkbox"/> Localized	SEVERITY OF SYMPTOMS: <input type="checkbox"/> slight <input type="checkbox"/> moderate <input type="checkbox"/> severe	DATE SYMPTOMS FIRST APPEARED												
PREVIOUS CROP	FUTURE CROP	OTHER CROPS OR WEEDS SHOWING SYMPTOMS														
IRRIGATION TYPE & FREQUENCY <input type="checkbox"/> Overhead <input type="checkbox"/> Trickle <input type="checkbox"/> Other		DRAINAGE <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	DESCRIBE SOIL/POTTING MIX: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	pH	SALTS											
PESTICIDES USED (Herbicides, Fungicides, Insecticides, Fumigants, Nematicides, Disinfectants, etc.). Give rates and dates. <input type="checkbox"/> Organic					FERTILIZER PROGRAM: <input type="checkbox"/> Liquid <input type="checkbox"/> Organic <input type="checkbox"/> Granular <input type="checkbox"/> Other <input type="checkbox"/> Slow Release											
Before symptoms noticed _____																
After symptoms noticed _____																
FEE SCHEDULE																
COMPLETE DIAGNOSTIC PROCEDURE Includes all tests that can be performed by the Plant Diagnostic Lab and are necessary to diagnose the problem. Cost per submission:* Urgent – 3 days** = \$32.10 Routine – 7 days** = \$21.40 Casual – 14 days** = \$16.05 Complete Diagnostic Procedure Fee includes the Handling Fee (\$10.00) and GST (7%)			OR	SPECIFIC TESTS – 3-5** days For samples requiring only one test, or a combination of the tests listed below: • Insect identification • Virus testing*** (TSWV, INSV, PMMoV, PepMV or BBScV) • EC and pH (each soil sample) • Xcp – (<i>Xanthomonas</i> -Bacterial Blight of Geranium) \$2 per specific test x number of samples/varieties + Handling Fee (\$10.00) + GST (7%) = TOTAL												
* Each crop (genus, species or variety) or sample taken from different locations is considered a separate submission. If the same problem is widespread on a number of plants of different genera, species or varieties, a combined sample (plants chosen from different species or varieties) will be considered as one submission. A diagnostic report will be provided on the submission, not on individual plants. ** Diagnosis response time (working days) may vary depending upon the total number of submissions in the Plant Lab at a given time. Suggested time frame is not guaranteed. *** Tomato Spotted Wilt Virus (TSWV), Impatiens Necrotic Spot Virus (INSV), Pepper Mild Mottle Virus (PMMoV), Pepino, Mosaic Virus (PepMV), Blueberry Scorch Virus (BBScV) (Working Hours: 8:30 A.M. to 4:30 P.M. Monday to Friday)																
PAYMENT METHOD: Cash/Cheque/Credit/Debit. Enclose payment with the sample. Cheques payable to: Minister of Finance and Corporate Relations (Updated July 13, 2005)																
LAB USE ONLY																
CONDITION OF SAMPLE AT RECEIPT:			Cat.	Reg.												

Sample Packaging and Submission Information

“Send us lots, tell us lots, and keep it fresh”

1. Specimens must be fresh. Wrap in plastic bags.
2. For woody specimens – wrap in damp newspaper or paper towel to prevent drying out, or wrap in plastic bag.
3. Try to send several plants or plant parts showing the various symptoms. Do not send badly decayed tissue. Include a healthy plant for comparison.
4. **Dig up plants rather than pulling them** from the ground to preserve the roots. If plants are potted, send the whole pot. Enclose base of the plant, roots and pots in a plastic bag that is secured at the plant crown to prevent drying of roots and contamination of leaves with soil.
5. Enclose the top of the plant in a plastic bag secured at the plant crown or wrap carefully in newspaper.
6. Include roots with samples showing symptoms of dieback.
7. Turf disease samples should be at least 10 cm by 10 cm and as deep as the roots. Include the margin of the affected areas in each sample.
8. **Fill out the form with as much detail as possible, attach another sheet if necessary. Package securely, enclose appropriate payment and send to the address below.**
Diagnostic forms should never be packaged where they will be in contact with any soil or tissue.

Plant Diagnostic Laboratory
BC Ministry of Agriculture and Lands
Abbotsford Agriculture Centre
1767 Angus Campbell Rd
Abbotsford BC V3G 2M3
Tel: (604) 556-3126
Fax: (604) 556-3154

Greyhound bus —

Urgent samples can be sent prepaid via Greyhound, to the Abbotsford Bus Depot. Ministry personnel will collect packages from the bus depot. Send parcels early in the week (Monday - Wednesday) to ensure adequate delivery time.

Courier —

Urgent or perishable samples should be sent by courier.

BCMAL Plant Diagnostic Laboratory —

The BCMAL Plant Diagnostic Lab provides identification of pathogenic and non-pathogenic disorders affecting commercial crops in B.C. and promotes reduced pesticide use by making control recommendations which emphasize IPM (Integrated Pest Management). The Plant Diagnostic Lab is part of the Plant Health Unit in the Food Safety and Quality Branch. Its services help growers protect the production capability and marketability of their crops. The lab does not do soil or tissue, nutrient and/or chemical residue analysis.

