



Florida Department of Agriculture and Consumer Services
Division of Plant Industry

SPECIMEN SUBMISSION FORM

Section 581.031(14)(a), F.S. / Incorporated In Rule 5B-2, F.A.C.
Referenced In Rule 5B-2.010, F.A.C.

ADAM H. PUTNAM
COMMISSIONER

A	Apiary ☐ Botany ☐ Entomology ☐ IFA ☐ Nematology ☐ Pathology ☐	Priority: ☐ (1) Urgent ☐ (2) Routine	Purpose: ☐ (1) Quarantine ☐ (2) Control ☐ (3) Plant Problem ☐ (4) Survey ☐ (5) Academic ☐ (6) Certification	Disposition: ☐ (1) Pin ☐ (2) Preserve ☐ (3) Slide ☐ (4) Discard ☐ (5) Returned ☐ (6) Envelope ☐ (7) Voucher																			
	Log Number: _____																						
Date Received: _____																							
B	Host Plant Scientific Name: _____																						
C	Host Plant Common Name: _____																						
D	Plant Information:																						
	<table border="0"><tr><td>☐ Cultivated</td><td>☐ Nursery Stock</td><td>☐ Roadside; Disturbed Area</td><td>☐ Tree</td><td>Flower Color: _____</td></tr><tr><td>☐ In Landscape</td><td>☐ In Landscape</td><td>☐ Weed in Nursery/Landscape</td><td>☐ Shrub</td><td>Fruit Color: _____</td></tr><tr><td>☐ Wild</td><td>☐ In Natural Area</td><td>☐ Don't Know Source</td><td>☐ Vine</td><td>Sap Color: _____</td></tr><tr><td></td><td></td><td></td><td>☐ Herb</td><td>Smell: _____</td></tr></table>				☐ Cultivated	☐ Nursery Stock	☐ Roadside; Disturbed Area	☐ Tree	Flower Color: _____	☐ In Landscape	☐ In Landscape	☐ Weed in Nursery/Landscape	☐ Shrub	Fruit Color: _____	☐ Wild	☐ In Natural Area	☐ Don't Know Source	☐ Vine	Sap Color: _____				☐ Herb
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☐ Wild	☐ In Natural Area	☐ Don't Know Source	☐ Vine	Sap Color: _____																			
			☐ Herb	Smell: _____																			
Diagnosis or Determination: _____																							
E	Date Collected: _____ Collector: _____ DPS #: _____																						
F	Date Sent: _____ Sender: _____																						
G	Owner, Nursery, Grove or Apiary Yard Name: _____			T ☐ R ☐ S ☐																			
	Street Address (where sample taken): _____			Nursery #: _____																			
H	City, State, Zip: _____			Block #: _____																			
I	County: _____	Country: _____	GPS Coordinates (in decimal degrees): Lat.: _____ Long.: _____																				
	Total Number of Plants Involved: _____		Total Acres Involved: _____																				
J	Total Number of Plants Affected: _____		Total Acres Affected: _____																				
	Infection or Infestation Intensity: ☐ (1) Slight ☐ (2) Moderate ☐ (3) Severe	Part Involved: ☐ (1) Bark ☐ (2) Flower ☐ (3) Fruit ☐ (4) Leaves ☐ (5) Roots ☐ (6) Seed ☐ (7) Stem ☐ (8) Gall ☐ (9) Mine ☐ (10) Litter ☐ (11) Soil ☐ (12) Other	Stage of Organism: ☐ (1) Egg ☐ (2) Larva ☐ (3) Pupa ☐ (4) Adult ☐ (5) Nymph ☐ (6) All Stages ☐ (7) Unknown	Collecting Technique: ☐ (1) Beating ☐ (2) Black Light ☐ (3) Hand Catch ☐ (4) Jackson ☐ (5) Lindgren Funnel ☐ (6) Multi-Lure ☐ (7) McPhail ☐ (8) Reared ☐ (9) Sticky Board ☐ (10) Sweeping ☐ (11) Other: _____ CUE - ME - TML _____																			
Remarks: _____																							
K	Email Address(es) for Additional Reports: _____																						
Determiner: _____ Date Completed: _____ Recipient of Report: _____																							

You can fill out the form online, and then print it to enclose with your specimen or print the form and fill it out by hand. In the later case, please write neatly, and use a pencil.

The **items discussed below are essential** and help us identify your submission.

You can fill out any other items on the form if you choose to, for example, if you know the GPS coordinates, you can include them in the space provided.

A. Check the appropriate box for your sample. Plant ID – Botany, Plant problems – Plant Pathology, Insects – Entomology, Soil or roots - Nematology)

B. Host plant scientific name: If you think you know the scientific name, and want a confirmation, fill in the line for scientific name.

C. Host plant common name: If you know a common name for the plant, in any language, please fill in the common name.

D. Plant information: Check all the boxes that apply to your plant. Was it something you cultivated or found growing wild? Was it recently purchased from a nursery, growing in your landscape, or found in a natural area? Was it growing along a roadside or disturbed area or was it a weed found among other plants? What is the growth form of the plant—tree, vine, herbaceous? Provide information about the flowers and fruit, especially if they are not included in the submission.

E. Date Collected and Collector: Write in the date you found the insect or cut/pulled up the plant sample. Write your name or the name of another person who collected the specimen/sample.

F. Date Sent and Sender/ Owner, Nursery: Enter the date sent. Send the insect/plant as soon as possible after it is collected and mail it by overnight service. Avoid mailing specimen/samples on Friday, to avoid weekend delays. If sender, collector and owner are all the same, you can write the name just once.

G. Street Address: This is the location where the plant was collected. If you need to have a printed report mailed to you at a different address, please note your mailing address in the remarks section.

H. City, State, Zip: Again, this is the location where the plant was collected.

I. County: County where the plant was collected.

J. Remarks: Include any information that you think is useful about the insect/plant. For example, "growing in or near pond"; "flowers each fall"; "sent from California."

K. Email Address(es): You'll get a faster reply by including your email.