

THPPDDL use only.

Sample #:

Texas High Plains Plant Disease Diagnostic Laboratory
6500 Amarillo Blvd. W
Amarillo, Texas 79106
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Phone: 806-677-5625 Fax: 806-677-5644
Website: thppdd-lab.tamu.edu

PDDF-002



Psyllids Testing Form

Candidatus Liberibacter solanacearum (Lso)

Client Information (must be filled out)

Name:
Company name (if commercial):
Address:
City: State/Zip:
County:
Phone:
Email:
Client is: AgriLife personnel Homeowner Consultant
Golf Course Commercial Other:
Send result via: Email Standard mail

Submitter Information (if different from client)

Name:
Company name (if commercial):
Address:
City: State/Zip:
County:
Phone:
Email:
Submitter is: AgriLife personnel Homeowner Consultant
Golf Course Commercial Other:
Send results to: Submitter Client Other:

Sample submission guidelines:

1. Psyllids on sticky traps are not accepted for testing by the lab. All psyllids to be tested should be removed from sticky traps and placed in appropriate vials/containers for submission/shipment to the lab for testing.
2. If submitting more than one sample, separate each sample in separate vials/container or clearly LABEL each vial/container to indicate the number of samples to be run from a single vial/container.
3. Package all sample vials/containers securely to prevent damage during transit. To prevent damages to vials/containers, use cardboard boxes and add packing material such as newspaper to serve as paddings inside the shipment box.

Testing Fee: In-state - \$35/sample Out-of-state - \$50/sample **Number of samples:**

Payment should be made at thppdd-lab.tamu.edu/pay by credit card or electronic check

Comments:

I agree to pay a minimum of \$35 for this service; fees may be greater, based on services performed. I understand that accurate diagnosis is dependent on submission of appropriate specimens with thorough background information. Incomplete information and/or poor samples may lead to inaccurate diagnosis.

Signature:

Printed name:

Date: