

# SEED HEALTH & PHYTOSANITARY TESTING

NDSU | EXTENSION

NDSU Plant Diagnostic Lab – Shipping Information	
<b>USPS:</b> NDSU Plant Diagnostic Lab NDSU Dept 7660 PO Box 6050 Fargo ND 58108-6050	<b>Private Shippers:</b> NDSU Plant Diagnostic Lab 1402 Albrecht Blvd. 306 Walster Hall Fargo ND 58102
Telephone: 701-231-7854	web: <a href="http://www.ag.ndsu.edu/pdl">www.ag.ndsu.edu/pdl</a>

Lab use only:	
Date In:	
Lab #:	
PDIS #:	
Cust Acct #	
Results:	Date:
Contact Method:	

## Contact Information – You Must Completely Fill Out

**Name:** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_  
**DOB** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

Send copies of report to:	Send copies of invoice to:
<input type="checkbox"/> Submitter	<input type="checkbox"/> Submitter
<input type="checkbox"/> NDDA	<input type="checkbox"/> NDDA
<input type="checkbox"/> ND State Seed	<input type="checkbox"/> ND State Seed
<input type="checkbox"/> Other	<input type="checkbox"/> Other

## Invoiced party must include Name, Address, Phone, and Date of Birth (DOB). Prepayment is an option.

Crop: _____	Variety/Cultivar/Type: _____	Origin of production (County and State): _____
Lot # or ID: _____	Generation: _____	

## Seed Health Testing Services Requested

<u>Potato</u>  <b>Viruses:</b> <input type="checkbox"/> PVA <input type="checkbox"/> PVM <input type="checkbox"/> PVS <input type="checkbox"/> PVX <input type="checkbox"/> PVY <input type="checkbox"/> PLRV <input type="checkbox"/> PMTV <input type="checkbox"/> PSTVd <input type="checkbox"/> TRV  <b>Soil:</b> <input type="checkbox"/> Soil – SCN phyto <input type="checkbox"/> Soil – PMTV <input type="checkbox"/> Soil – Scab <input type="checkbox"/> Soil – Other	<u>Potato Cont:</u>  <b>Seed Health:</b> <input type="checkbox"/> Bacterial Ring Rot Cores or Tubers (Circle One) <input type="checkbox"/> PCR only <input type="checkbox"/> Canadian Protocol <input type="checkbox"/> Dickeya _____ Sub-Sample _____ Core Size  <b>Tubers:</b> <input type="checkbox"/> Scab Testing <input type="checkbox"/> Late Blight <input type="checkbox"/> Black Dot <input type="checkbox"/> Silver Scurf <input type="checkbox"/> Soft Rots/Black Leg <input type="checkbox"/> Other:	<u>Dry Bean</u> <input type="checkbox"/> Dome test <input type="checkbox"/> Anthracnose <input type="checkbox"/> Germination (forward to ND State Seed) <input type="checkbox"/> Other:  <u>Pulse Crop</u> <input type="checkbox"/> Ascochyta <input type="checkbox"/> Anthracnose <input type="checkbox"/> Nematode seed wash <input type="checkbox"/> PSbMV <input type="checkbox"/> Other virus:  <input type="checkbox"/> Other:	<u>Small Grains</u> <input type="checkbox"/> Virus <input type="checkbox"/> High Plains Virus <input type="checkbox"/> WSMV <input type="checkbox"/> BYDV-strain: _____ <input type="checkbox"/> BSMV (barley streak mosaic virus) <input type="checkbox"/> Yellow Draw <input type="checkbox"/> Other: <input type="checkbox"/> Seed wash for spores (bunts and smuts) <input type="checkbox"/> Xanthomonas seed wash (Bacterial leaf streak) <input type="checkbox"/> Other/notes:	<u>Other:</u> <input type="checkbox"/> Nematode seed wash Host: _____  <input type="checkbox"/> Canola black leg <input type="checkbox"/> Club root of canola (soil or plant material) <input type="checkbox"/> Other:
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## Worksheet (for lab use only; use worksheets on back side for each additional test)

PDIS #	Lot Number	Cultivar	#SS	Results	Comp in PDIS
Test Completed By:					

