P. ramorum Example Template

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0010 and 0104. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This report is authorized by law (7 U.S.C. 147a). While you are not required to respond, your cooperation is needed to make an accurate record of plant pest conditions.

OMB APPROVED
0579-0010 and 0104

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

SPECIMENS FOR DETERMINATION

Instructions: Type information requested. Block 1 – assign a number for each collection using your own numbering convention or use the following example by beginning with the year, followed by the collector's initials and the collector's number. Example: 14-JJD-001.

Pest Data Section – Complete Blocks 14, 15 and 16. Complete Items 17 and 18 if a trap was used.

LOT NUMBER

PRIORITY
- ☐ URGENT
- ☐ PROMPT
- ☒ ROUTINE

1. COLLECTION NUMBER: PPDL-2025-01-001

2A. DATE - SUBMISSION: MONTH 03 | DAY 01 | YEAR 2025

2.B. DATE - COLLECTION: MONTH 03 | DAY 01 | YEAR 2025

3. SUBMITTING AGENCY
- ☒ State Cooperator ☐ University ☐ APHIS PPQ
- ☐ Other:

SUBMITTER AND ORIGIN

4A. NAME OF SUBMITTER: John Smith

4B. NAME OF COLLECTOR: Jane Potter

5. ADDRESS OF SUBMITTER: State Department of Agriculture Plant Health Lab
100 Capitol Road
Portland, OR ZIP 97100

EMAIL ADDRESS OF SUBMITTER: John.A.Smith@StateAg.gov

INTERCEPTION SITE

6. TYPE OF PROPERTY (FARM, RESIDENCE, NURSERY. ETC.): Interstate Nursery

7. NAME AND ADDRESS OF PROPERTY ~~OWNER~~: Bedrock Nursery & Garden Center
3200 Azalea Drive
CITY Astoria | COUNTY Clatsop | STATE OR

LATITUDE 45.167034 | LONGITUDE -123.853519

PURPOSE

8. REASON FOR IDENTIFICATION ("X" all applicable items)

A.		Biological Control (Target Pest Name _____)	E.		Export Certification
B.		Damaging Crops/Plants	F.	X	Targeted Survey (Pest Name Phytophthora ramorum)
C.	X	Suspected Pest of Regulatory Concern *(Explain in REMARKS)*	G.		Smuggling Interdiction/Trade Compliance (SITC)
D.		Stored Product Pest	H.		Other *(Explain in REMARKS)*

9. IF PROMPT OR URGENT IDENTIFICATION IS REQUESTED, PLEASE PROVIDE A BRIEF EXPLANATION UNDER "REMARKS".

HOST DATA

10. HOST INFORMATION

NAME OF HOST *(Scientific name and name of cultivar if appropriate)*: Rhododendron 'Coastal Spice'

11. QUANTITY OF HOST

NUMBER OF ACRES/PLANTS: 1

Plant affected (insert figure and indicate)
- ☒ Number: 1
- ☐ Percent:

12. PLANT DISTRIBUTION
- ☐ Limited
- ☐ Scattered
- ☐ Widespread

13. PLANT PARTS AFFECTED

☒ Leaves, Upper Surface	☐ Trunk/Bark	☐ Bulbs, Tubers, Corms	☐ Seeds
☒ Leaves, Lower Surface	☐ Branches	☐ Buds	
☐ Petiole	☐ Growing Tips	☐ Flowers	
☐ Stem	☐ Roots	☐ Fruits or Nuts	

PEST DATA

14. PEST DISTRIBUTION
- ☐ FEW
- ☐ COMMON
- ☐ ABUNDANT
- ☐ EXTREME

15. ☐ INSECTS ☐ NEMATODES ☐ MOLLUSKS

NUMBER SUBMITTED	LARVAE	PUPAE	ADULTS	CAST SKINS	EGGS	NYMPHS	JUVS.	CYSTS
ALIVE								
DEAD								

16. SAMPLING METHOD: Collected symptomatic leaves

17. TYPE OF TRAP AND LURE

18. TRAP NUMBER

19. REMARKS

Sample is PASS (location not previously positive) Add other remarks as needed *(ex: suspect P. ramorum; Inconclusive; etc.)*

Enter SPRO email and enter SPHD email

METHOD
- ☐ MORPHOLOGY
- ☐ SYMPTOM
- ☐ CULTURE
- ☒ SEROLOGICAL
- ☒ PCR
- ☐ SEQUENCING

20. TENTATIVE DETERMINATION: Phytophthora spp.

DETERMINED BY: John Smith

POSITION AND AFFILIATION: State Dept of Ag Plant Pathologist

21. FINAL DETERMINATION AND NOTES (NOT FOR FIELD USE)

METHOD
- ☐ MORPHOLOGY
- ☐ SYMPTOM
- ☐ CULTURE
- ☐ SEROLOGICAL
- ☐ PCR
- ☐ SEQUENCING

PRINT NAME

DISPOSITION OF SPECIMEN/SAMPLE
☐ Returned ☐ Retained for Collection/Stored ☐ Destroyed ☐ Transferred to:

SIGNATURE | DATE | LAB CONFORMATION NUMBER | DATE RECEIVED

PPQ Form 391
DEC 2017

Previous editions are obsolete.

INSTRUCTIONS

Use PPQ Form 391, Specimens for Determination, for domestic collections (warehouse inspections, local and individual collecting, special survey programs, export certification).

BLOCK	INSTRUCTIONS
1	1. Assign a number for each collection using your own numbering convention or use the following example by beginning with the year, followed by the collector's initials and the collector's number. **EXAMPLE** In 2014, Brian K. Long collected his first specimen of the year for determination. His first collection number is 14-BLK-001 2. Enter the collection number
2A-2B	Enter dates
3	Check block to indicate Agency submitting specimens for identification
4A	Enter name of submitter
4B	Enter name of collector
5	Enter address of submitter
6	Enter type of property specimen obtained from (farm, nursery, residence, etc.) Indicate the type of nursery:
7	Enter name and address of property ~~owner~~ Name of th Buisness *(can be more than one)*
8A-8H	Check all appropriate blocks
9	Leave Blank
10	Enter scientific name of host, if possible
11	Enter quantity of host and plants affected
12	Check block to indicate distribution of plant
13	Check appropriate blocks to indicate plant parts affected
14	Check block to indicate pest distribution
15	☐ Check appropriate block to indicate type of specimen ☐ Enter number specimens submitted under appropriate column
16	Enter sampling method
17	Enter type of trap and lure
18	Enter trap number
19	Provide a brief explanation if Prompt or URGENT identification is requested Indicate PASS or non-PASS sample
20	Enter a tentative determination and who made it
21	Leave blank

Interstate
Intrastate
Retail
Wholesale
Re-wholesale

Distribution of PPQ Form 391

Distribute PPQ Form 391 as follows:

1. Send Original along with the sample to your Area Identifier or for national confirmation.
2. Retain and file a copy for your records.