

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.

See reverse for additional OMB information. **FORM APPROVED**
OMB NO. 0579-0010

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
SPECIMENS FOR DETERMINATION

Instructions: Type or print information requested. Press hard and print legibly when handwritten. Item 1 - assign number for each collection beginning with year, followed by collector's initials and collector's number. Example (collector, John J. Dingle): 83-JJD-001.
Pest Data Section - Complete Items 14, 15 and 16 or 19 or 20 and 21 as applicable. Complete Items 17 and 18 if a trap was used.

FOR IIB/III USE
LOT NO.
PRIORITY

1. COLLECTION NUMBER		2. DATE MO DA YR			3. SUBMITTING AGENCY <input type="checkbox"/> State <input type="checkbox"/> PPQ <input type="checkbox"/> Other _____ Cooperator							
SENDER AND ORIGIN	4. NAME OF SENDER				INTERCEPTION SITE	5. TYPE OF PROPERTY (Farm, Feedmill, Nursery, etc.)						
	6. ADDRESS OF SENDER					7. NAME AND ADDRESS OF PROPERTY OR OWNER						
	ZIP					COUNTRY/ COUNTY						
	8. REASON FOR IDENTIFICATION ("x" ALL Applicable Items)											
PURPOSE	A. <input type="checkbox"/> Biological Control (Target Pest Name)				E. <input type="checkbox"/> Livestock, Domestic Animal Pest							
	B. <input type="checkbox"/> Damaging Crops/Plants				F. <input type="checkbox"/> Possible Immigrant (Explain in REMARKS)							
	C. <input type="checkbox"/> Suspected Pest of Regulatory Concern (Explain in REMARKS)				G. <input type="checkbox"/> Survey (Explain in REMARKS)							
	D. <input type="checkbox"/> Stored Product Pest				H. <input type="checkbox"/> 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 when possible)					11. QUANTITY OF HOST NUMBER OF ACRES/PLANTS PLANTS AFFECTED (Insert figure and indicate <input type="checkbox"/> Number <input type="checkbox"/> Percent):						
	12. PLANT DISTRIBUTION		13. PLANT PARTS AFFECTED									
	<input type="checkbox"/> LIMITED <input type="checkbox"/> SCATTERED <input type="checkbox"/> WIDESPREAD		<input type="checkbox"/> Leaves, Upper Surface <input type="checkbox"/> Trunk/Bark <input type="checkbox"/> Bulbs, Tubers, Corms <input type="checkbox"/> Seeds <input type="checkbox"/> Leaves, Lower Surface <input type="checkbox"/> Branches <input type="checkbox"/> Buds <input type="checkbox"/> Petiole <input type="checkbox"/> Growing Tips <input type="checkbox"/> Flowers <input type="checkbox"/> Stem <input type="checkbox"/> Roots <input type="checkbox"/> Fruits or Nuts									
	14. PEST DISTRIBUTION		15. <input type="checkbox"/> INSECTS <input type="checkbox"/> NEMATODES <input type="checkbox"/> MOLLUSKS									
PEST DATA	<input type="checkbox"/> FEW <input type="checkbox"/> COMMON <input type="checkbox"/> ABUNDANT <input type="checkbox"/> EXTREME		NUMBER SUBMITTED		LARVAE	PUPAE	ADULTS	CAST SKINS	EGGS	NYMPHS	JUVS.	CYSTS
	16. SAMPLING METHOD		17. TYPE OF TRAP AND LURE					18. TRAP NUMBER				
	19. PLANT PATHOLOGY - PLANT SYMPTOMS ("X" one and describe symptoms) <input type="checkbox"/> ISOLATED <input type="checkbox"/> GENERAL											
	20. WEED DENSITY <input type="checkbox"/> FEW <input type="checkbox"/> SPOTTY <input type="checkbox"/> GENERAL						21. WEED GROWTH STAGE <input type="checkbox"/> SEEDLING <input type="checkbox"/> VEGETATIVE <input type="checkbox"/> FLOWERING/FRUITING <input type="checkbox"/> MATURE					
22. REMARKS												
23. TENTATIVE DETERMINATION												
24. DETERMINATION AND NOTES (Not for Field Use)										FOR IIB/III USE DATE RECEIVED		
										NO. LABEL SORTED PREPARED		
										DATE ACCEPTED		
										RR		
SIGNATURE _____						DATE _____						

OMB Information

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0010. 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.

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	<p>1. Assign a number for each collection beginning the year, followed by the collector's initials and collector's number</p> <p>EXAMPLE In 2001, Brian K. Long collected his first specimen for determination of the year. His first collection number is 01-BLK-001</p> <p>2. Enter the collection number</p>
2	Enter date
3	Check block to indicate Agency submitting specimens for identification
4	Enter name of sender
5	Enter type of property specimen obtained from (farm, nursery, feedmill, etc.)
6	Enter address
7	Enter name and address of property owner
8A-8L	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	<ul style="list-style-type: none">• 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	Enter X in block to indicate isolated or general plant symptoms
20	Enter X in appropriate block for weed density
21	Enter X in appropriate block for weed growth stage
22	Provide a brief explanation if Prompt or URGENT identification is requested
23	Enter a tentative determination if you made one
24	Leave blank