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.*

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 IIBIII USE
LOT NO.

PRIORITY

SENDER AND ORIGIN

1. COLLECTION NUMBER

2. DATE — MO | DA | YR

3. SUBMITTING AGENCY
☐ State Cooperator   ☐ PPQ   ☐ Other _____

4. NAME OF SENDER

6. ADDRESS OF SENDER

ZIP

INTERCEPTION SITE

5. TYPE OF PROPERTY *(Farm, Feedmill, Nursery, etc.)*

7. NAME AND ADDRESS OF PROPERTY OR OWNER

COUNTRY/ COUNTY

PURPOSE

8. REASON FOR IDENTIFICATION *("x" ALL Applicable Items)*

A. ☐ Biological Control (Target Pest Name _____)
B. ☐ Damaging Crops/Plants
C. ☐ Suspected Pest of Regulatory Concern *(Explain in REMARKS)*
D. ☐ Stored Product Pest
E. ☐ Livestock, Domestic Animal Pest
F. ☐ Possible Immigrant *(Explain in REMARKS)*
G. ☐ Survey *(Explain in REMARKS)*
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 when possible)*

11. QUANTITY OF HOST
NUMBER OF ACRES/PLANTS
PLANTS AFFECTED *(Insert figure and indicate* ☐ Number ☐ 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

17. TYPE OF TRAP AND LURE

18. TRAP NUMBER

19. PLANT PATHOLOGY – PLANT SYMPTOMS *("X" one and describe symptoms)*
☐ ISOLATED   ☐ GENERAL

20. WEED DENSITY
☐ FEW   ☐ SPOTTY   ☐ GENERAL

21. WEED GROWTH STAGE
☐ SEEDLING   ☐ VEGETATIVE   ☐ FLOWERING/FRUITING   ☐ MATURE

22. REMARKS

23. TENTATIVE DETERMINATION

24. DETERMINATION AND NOTES *(Not for Field Use)*

FOR IIBIII USE
DATE RECEIVED

NO.
LABEL
SORTED
PREPARED
DATE ACCEPTED

SIGNATURE   DATE

RR

PPQ FORM 391   *Previous editions are obsolete.*
(**AUG 02**)

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 beginning the year, followed by the collector's initials and collector's number **EXAMPLE** In 2001, Brian K. Long collected his first specimen for determination of the vear. His first collection number is 01-BLK-001 2. Enter the collection number
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	• 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