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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
EXP. DATE
02/2017

**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

2A. DATE - SUBMISSION
MONTH DAY YEAR

2B. DATE - COLLECTION
MONTH DAY YEAR

3. SUBMITTING AGENCY
 State Cooperator University APHIS PPQ
 Other:

4A. NAME OF SUBMITTER

4B. NAME OF COLLECTOR

5. ADDRESS OF SUBMITTER

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

7. NAME AND ADDRESS OF PROPERTY OWNER

CITY COUNTY STATE

ZIP

EMAIL ADDRESS OF SUBMITTER

LATITUDE LONGITUDE

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. Export Certification

F. Targeted Survey (Pest Name _____)

G. Smuggling Interdiction/Trade Compliance (SITC)

H. Other (Explain in REMARKS)

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

10. HOST INFORMATION
NAME OF HOST (Scientific name and name of cultivar if appropriate)

11. QUANTITY OF HOST
NUMBER OF ACRES/PLANTS
Plant 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

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. REMARKS

METHOD
 MORPHOLOGY
 SYMPTOM
 CULTURE
 SEROLOGICAL
 PCR
 SEQUENCING

20. TENTATIVE DETERMINATION

DETERMINED BY

POSITION AND AFFILIATION

21. FINAL DETERMINATION AND NOTES (Not for Field Use)

METHOD
 MORPHOLOGY
 SYMPTOM
 CULTURE
 SEROLOGICAL
 PCR
 SEQUENCING

PRINT NAME (Person Making Final Determination)

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

SIGNATURE

DATE

LAB CONFORMATION NUMBER

DATE RECEIVED

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 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.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">EXAMPLE</p> <p style="text-align: center;">In 2014, Brian K. Long collected his first specimen of the year for determination. His first collection number is 14-BLK-001</p> </div> <p>2. Enter the collection number</p>
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.)
7	Enter name and address of property owner
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	<input type="checkbox"/> Check appropriate block to indicate type of specimen <input type="checkbox"/> 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
20	Enter a tentative determination and who made it
21	Leave blank

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.