

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 number for this information collection is 0579-0377 and 0104. The time required to complete this information collection is estimated to average between .17 and .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**

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.

LOT NUMBER

PRIORITY
 URGENT
 PROMPT
 ROUTINE

SPECIMENS FOR DETERMINATION

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

| | | | | | | | | | |
|---------------------------------|-----------------------|-----|------|-----------------------|-----|------|---|-------------------------------------|------------------------------------|
| 1. COLLECTION NUMBER | 2A. DATE - SUBMISSION | | | 2B. DATE - COLLECTION | | | 3. SUBMITTING AGENCY | | |
| | MONTH | DAY | YEAR | MONTH | DAY | YEAR | <input type="checkbox"/> State Cooperator | <input type="checkbox"/> University | <input type="checkbox"/> APHIS PPQ |
| <input type="checkbox"/> Other: | | | | | | | | | |

| | | | | | | | | | | |
|----------------------|----------------------------|--|--|-----------------------|--|--|--|--|-----------|-------|
| SUBMITTER AND ORIGIN | 4A. NAME OF SUBMITTER | | | 4B. NAME OF COLLECTOR | | | 6. TYPE OF PROPERTY (FARM, RESIDENCE, NURSERY, ETC.) | | | |
| | 5. ADDRESS OF SUBMITTER | | | | | | 7. NAME AND ADDRESS OF PROPERTY OWNER | | | |
| | | | | | | | | | | |
| | | | | ZIP | | | CITY | | COUNTY | STATE |
| | EMAIL ADDRESS OF SUBMITTER | | | | | | LATITUDE | | LONGITUDE | |

| | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| PURPOSE | 8. REASON FOR IDENTIFICATION ("X" all applicable items) | | | | | | | | |
| | A. <input type="checkbox"/> Biological Control (Target Pest Name _____) | | | | E. <input type="checkbox"/> Export Certification | | | | |
| | B. <input type="checkbox"/> Damaging Crops/Plants | | | | F. <input type="checkbox"/> Targeted Survey (Pest Name _____) | | | | |
| | C. <input type="checkbox"/> Suspected Pest of Regulatory Concern (Explain in REMARKS) | | | | G. <input type="checkbox"/> Smuggling Interdiction/Trade Compliance (SITC) | | | | |
| | 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 | | | | | | 11. QUANTITY OF HOST | | | |
| | NAME OF HOST (Scientific name and name of cultivar if appropriate) | | | | | | NUMBER OF ACRES/PLANTS | | Plant affected (insert figure and indicate) | |
| | | | | | | | | | <input type="checkbox"/> Number: | |
| 12. PLANT DISTRIBUTION | | | 13. PLANT PARTS AFFECTED | | | | | | | |
| <input type="checkbox"/> Limited | | | <input type="checkbox"/> Leaves, Upper Surface | | <input type="checkbox"/> Trunk/Bark | | <input type="checkbox"/> Bulbs, Tubers, Corms | | <input type="checkbox"/> Seeds | |
| <input type="checkbox"/> Scattered | | | <input type="checkbox"/> Leaves, Lower Surface | | <input type="checkbox"/> Branches | | <input type="checkbox"/> Buds | | | |
| <input type="checkbox"/> Widespread | | | <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 | | | |

| | | | | | | | | | | | |
|---------------------|-----------------------------------|--|--------------------------------------|--------|-------|------------------------------------|------------|------|-----------------------------------|-------|-------|
| PEST DATA | 14. PEST DISTRIBUTION | | 15. <input type="checkbox"/> INSECTS | | | <input type="checkbox"/> NEMATODES | | | <input type="checkbox"/> MOLLUSKS | | |
| | <input type="checkbox"/> FEW | | NUMBER SUBMITTED | LARVAE | PUPAE | ADULTS | CAST SKINS | EGGS | NYMPHS | JUVS. | CYSTS |
| | <input type="checkbox"/> COMMON | | ALIVE | | | | | | | | |
| | <input type="checkbox"/> ABUNDANT | | DEAD | | | | | | | | |
| | <input type="checkbox"/> EXTREME | | | | | | | | | | |
| 16. SAMPLING METHOD | | | 17. TYPE OF TRAP AND LURE | | | 18. TRAP NUMBER | | | | | |

| | | | | | | | | | | |
|-------------|--|--|--|--|--|--|---|--|--|--|
| 19. REMARKS | | | | | | | METHOD <input type="checkbox"/> MORPHOLOGY <input type="checkbox"/> SYMPTOM <input type="checkbox"/> CULTURE <input type="checkbox"/> SEROLOGICAL <input type="checkbox"/> PCR <input type="checkbox"/> SEQUENCING | | | |
|-------------|--|--|--|--|--|--|---|--|--|--|

| | | | | | | | | | |
|-----------------------------|--|--|--|---------------|--|--------------------------|--|--|--|
| 20. TENTATIVE DETERMINATION | | | | DETERMINED BY | | POSITION AND AFFILIATION | | | |
|-----------------------------|--|--|--|---------------|--|--------------------------|--|--|--|

| | | | | | | | | | | | |
|---|--|--|-----------------------------------|--|---|--|---|---------------|--|--|--|
| 21. FINAL DETERMINATION AND NOTES (NOT FOR FIELD USE) | | | | | | | METHOD <input type="checkbox"/> MORPHOLOGY <input type="checkbox"/> SYMPTOM <input type="checkbox"/> CULTURE <input type="checkbox"/> SEROLOGICAL <input type="checkbox"/> PCR <input type="checkbox"/> SEQUENCING | | | | |
| PRINT NAME | | | DISPOSITION OF SPECIMEN/SAMPLE | | | | | | | | |
| | | | <input type="checkbox"/> Returned | | <input type="checkbox"/> Retained for Collection/Stored | | <input type="checkbox"/> Destroyed | | <input type="checkbox"/> 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 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.