

# Palm Phytoplasma Sample Submission Form Fort Lauderdale Research and Education Center

**Mail samples and payment to:**  
FLREC  
Attn: Dr. Brian W. Bahder  
3205 College Ave.  
Davie, FL 33314-7719

**Contact info.:**  
E-Mail: [bbahder@ufl.edu](mailto:bbahder@ufl.edu)  
Phone: (954)577-6305  
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**Forms available at:**  
[www.bahderlab.com](http://www.bahderlab.com)  
**For more info:**  
<http://flrec.ifas.ufl.edu/faculty/brian-bahder/>

	Submitter Information	Client Information
<b>Name:</b>		
<b>Company:</b>		
<b>Address:</b>		
<b>City/State/Zip:</b>		
<b>Phone No.:</b>		
<b>E-Mail:</b>		

**Check all that apply:**

<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Homeowner
<input type="checkbox"/>	Public
<input type="checkbox"/>	UF Extension
<input type="checkbox"/>	UF Research

**Send results to:** \_\_\_\_\_

Processing fees per palm sample:  
Quantitative PCR (qPCR) - \$75  
Duplicate qPCR - \$105  
Digital PCR (dPCR) - \$100

Processing desired:

qPCR     dPCR     Duplicate qPCR

**Number of Samples:** \_\_\_\_\_    **Amount enclosed:** \_\_\_\_\_

*\*Please make checks payable to 'University of Florida' and enclose with the palm sample and send to FLREC\**

***Note:** Samples cannot be processed until payment is received.*

**Sample Information** (\* indicates mandatory information):

*County	*City	*Date of sample	Date sent	*No. of plants affected	*Date of symptoms	*Palm Species

**Spear Leaf:**  Healthy  
 Dead

**Fruit present:**  Yes  
 No

**Comments:** \_\_\_\_\_

**Canopy Health:**  Dead  
% value is approximate

25% green  
 50% green  
 75% green  
 100% green

**Fertilizer Applied:**  Yes  
*if yes, provide date, quantity and type in comments*

**Irrigated:**  Yes  
 No

**Symptoms:**

Yellow leaves  
 Dark brown leaves  
 Bronze colored leaves  
 Gray leaves  
 Wilt  
 Other – please describe in comments

**Habitat:**

Private yard  
 Urban landscape  
 Nursery  
 Highway  
 Wild/native  
 Other – please describe in comments



**Official Use Only**

Sample received:	Processed:	Payment:	Check No.:
			Sample ID: