

**BOTRYTIS FUNGICIDE-RESISTANCE TESTING FORM**

Name \_\_\_\_\_ Company Name \_\_\_\_\_  
LAST FIRST MI (IF APPLICABLE)


Mailing Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phones ( ) (HOME • WORK • CELL?) ( ) (HOME • WORK • CELL?)

**EMAIL** (reports are emailed – print clearly)

Copy report to Clemson specialist for comments: [schnabe@clemsion.edu](mailto:schnabe@clemsion.edu) (Dr. Guido Schnabel)

Sample Collection Site: (if different from above)	Name/Company _____
	Address _____
	Phone _____ Email _____ County _____

PAYMENT METHODS	
<input type="checkbox"/> Billing Account: _____ <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Cash	 <input type="checkbox"/> Credit/Debit Card (scan QR code to pay online) Marketplace order #: _____

<input type="checkbox"/> <b>Botrytis Fungicide-Resistance Testing</b> A set of 10 <i>Botrytis</i> isolates per sample will be tested for resistance against a panel of 10 fungicides: boscalid, cyprodinil, fenhexamid, fludioxonil, fluopyram, iprodione, isofetamid, penthiopyrad, pyraclostrobin+SHAM, and thiophanate-methyl (e.g.: Pristine, Inspire Super/Vanguard, Elevate, Switch/Miravis Prime, Luna Sensation, Rovral/Meteor, Kenja, Fontelis, Cabrio, and Topsin M).	<input type="checkbox"/> \$80.00 in-state South Carolina <input type="checkbox"/> \$100.00 out-of-state
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Name of plant \_\_\_\_\_ Cultivar/variety \_\_\_\_\_

Field ID/Reference \_\_\_\_\_ (Optional, up to 20 characters. Examples: Front Yard; Lot 1205497)

County where collected \_\_\_\_\_ Date collected \_\_\_\_\_

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

<b>Location of planting:</b> <input type="checkbox"/> Field <input type="checkbox"/> Greenhouse <input type="checkbox"/> Nursery <input type="checkbox"/> Orchard <input type="checkbox"/> Other: _____	<b>Sample type:</b> <input type="checkbox"/> Spores on swabs <input type="checkbox"/> Diseased tissue: <input type="checkbox"/> Fruits/Flowers <input type="checkbox"/> Leaves <input type="checkbox"/> Stems/Runners <input type="checkbox"/> Twigs/branches	<b>Degree of problem:</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <b>Problem is:</b> <input type="checkbox"/> Getting worse <input type="checkbox"/> Staying the same	<b>Pesticides/fungicides applied to the plants</b> Include names and dates: _____ _____ _____
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