

Where is strep-resistant fire blight in New York?

Submit fire blight infected trees and strikes for testing

Call one of the persons below to help you collect samples and take data on the situation:

- Kerik Cox, 315-787-2401, kdc33@cornell.edu, NYSAES (Receiving lab)
- Tess Grasswitz, 585-261-0125, tg359@cornell.edu, Western NY region
- Julie Carroll, 315-787-2430, jec3@cornell.edu, NYSIPM
- Dan Donahue, 518-322-7812, djd13@cornell.edu, Hudson Valley region
- Anna Wallis, 518-410-6823, aew232@cornell.edu, Lake Champlain region

Sample information (samples without information will not be processed)

Date collected _____

Collector's name _____

Grower name & farm _____

Street address _____

City _____ Zip Code _____

County _____

Blossom and shoot blight management applications in 2016

Date	Material
_____	_____
_____	_____
_____	_____
_____	_____

GPS coordinates of the sample collected _____

Part of the tree infected is (circle) -

- blossom cluster current shoot young wood trunk

Length of strike (ft. in.) _____

Variety _____

Rootstock _____

Age of tree _____

If a newly planted tree, from what nursery? _____

Instructions for sampling

It is only possible to isolate the bacteria (*Erwinia amylovora*) from fresh, active lesions, where healthy tissue meets the diseased tissue - the lesion margin.

It is impossible to isolate fire blight bacteria from dead, dried out tissue.

The Lesion Margin

Collect samples that include about 3 inches of healthy tissue beyond the infected tissue, and include about 3 inches of infected tissue. Do not submit all the dead branch of the strike, this is often too long and can be cut back, as described, to 3 inches of infected tissue above 3 inches of healthy tissue.

If possible, refrigerate infected trees and strikes.
Protect samples from drying out prior to submitting them.

Do not collect entire branches or trees unless symptoms are unusual.



Fire blight strike on current shoot (photo courtesy of J. Carroll).

Healthy growth. Trim this down, leaving about three inches of healthy tissue.

Lower lesion margin. Cut at least three inches into healthy tissue, below the lesion.

The strike. Cut this back, leaving about three inches of infected tissue.



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