Fusarium Diagnostics Lab Sample Submission Form



Please mail sample to: Cornell University, NYSAES, Barton Lab, c/o Frank Hay 630 West North Street Geneva, NY 14456

Location where the sample was taken		Referring Agent: (i.e. CCE educator)	
		Name:	
Business name:		Email:	
Person to contact:	_		
Address:		Guidelines:	
			ollected anytime, but best close to
Phone:		-	e planting. Send 10 representative
Email:			ety/ garlic sample. Pack garlic sample
County:			and avoid exposure to direct sun light
Collection Date:		and high temperature. Send only during the week and hv overnight delivery. if nossible.	
Varieties (please label each sample	with variety name)		
Production History:			
□ Organic □	Conventional		
How do you sell/use your garlic (if	multiple channels, place	% grown for each	next to selection)
□ Seed	□ Food	□ Seed	d and Food
☐ Seed for Replanting			
Size of Planting:			
□ <¼ Acre	☐ 1/4 – 1/2 Acre	□ 1/2 -1 Acre	
□ 1-2 Acres	□ > 2 Acres	□ Are	ea Affected:
Over the last 3 years, please recall w	vhether you saw similar p	problems, and to v	what extent:
2015: □ No problems □ Yes, less	than 5% 🗆 Yes, 5-10%	□ Yes, 10-20%	☐ Yes, more than 20%
2014: ☐ No problems ☐ Yes, less than 5% ☐ Yes, 5-10%		□ Yes, 10-20%	☐ Yes, more than 20%
2013: ☐ No problems ☐ Yes, less	than 5% 🗆 Yes, 5-10%	□ Yes, 10-20%	☐ Yes, more than 20%
Where did your seed come from ori please leave blank.	ginally, and when did you	u last buy in seed?	If you do not recall,



Please fill out the form completely to help us understand the impact of this disease on the garlic industry in the Northeast. This project has been made possible through funding from Northeast SARE.