

**Phytophthora ramorum** specific information to include in a PPQ Form 391. Please use fillable form found here: [https://www.aphis.usda.gov/library/forms/pdf/PPQ\\_Form\\_391.pdf](https://www.aphis.usda.gov/library/forms/pdf/PPQ_Form_391.pdf)

<p>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 numbers for this information collection are 0579-0010 and 0104. The time required to complete this information collection is estimated to average .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.</p>		<p>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.</p>		<p>OMB APPROVED 0579-0010 and 0104</p>						
<p>UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</p>			<p>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.</p>		<p>LOT NUMBER</p>					
<p><b>SPECIMENS FOR DETERMINATION</b></p>			<p>Pest Data Section - Complete Blocks 14, 15 and 16. Complete items 17 and 18 if a trap was used.</p>		<p>PRIORITY <input type="checkbox"/> URGENT <input type="checkbox"/> PROMPT <input type="checkbox"/> ROUTINE</p>					
<p>1. COLLECTION NUMBER 14-BLK-001</p>		<p>2A. DATE - SUBMISSION MONTH: 2 DAY: 14 YEAR: 2021</p>		<p>2B. DATE - COLLECTION MONTH: 2 DAY: 14 YEAR: 2021</p>						
<p>3. SUBMITTING AGENCY <input type="checkbox"/> State Coordinator <input type="checkbox"/> University <input type="checkbox"/> APHIS PPO <input type="checkbox"/> Other:</p>										
<p>SUBMITTER AND ORIGIN</p>	<p>4A. NAME OF SUBMITTER Fill</p>		<p>4B. NAME OF COLLECTOR Fill</p>		<p>INTERCEPTION SITE</p>					
	<p>5. ADDRESS OF SUBMITTER Fill</p>		<p>6. TYPE OF PROPERTY (FARM, RESIDENCE, NURSERY, ETC.) Nursery Or Other type of property</p>							
	<p>7. NAME AND ADDRESS OF PROPERTY OWNER Name of Nursery, etc.</p>		<p>7. NAME AND ADDRESS OF PROPERTY OWNER Name of Nursery, etc.</p>							
	<p>8. REASON FOR IDENTIFICATION ("X" all applicable items)</p>		<p>9. IF PROMPT OR URGENT IDENTIFICATION IS REQUESTED, PLEASE PROVIDE A BRIEF EXPLANATION UNDER "REMARKS".</p>							
<p>PURPOSE</p>	<p>A. Biological Control (Target Pest Name _____)</p>		<p>E. Export Certification</p>							
	<p>B. Damaging Crops/Plants</p>		<p>F. Targeted Survey (Pest Name _____)</p>							
	<p>C. Suspected Pest of Regulatory Concern (Explain in REMARKS)</p>		<p>G. Smuggling Interdiction/Trade Compliance (SITC)</p>							
	<p>D. Stored Product Pest</p>		<p>H. Other (Explain in REMARKS)</p>							
<p>HOST DATA</p>	<p>10. HOST INFORMATION NAME OF HOST (Scientific name and name of cultivar if appropriate) Fill as noted with scientific name and cultivar</p>		<p>11. QUANTITY OF HOST NUMBER OF ACRES/PLANTS Fill - number of plants affected indicates plants with symptoms. In #19 note number of plants in sample</p>		<p>Plant affected (insert figure and indicate) <input type="checkbox"/> Number: <input type="checkbox"/> Percent:</p>					
	<p>12. PLANT DISTRIBUTION</p>	<p>13. PLANT PARTS AFFECTED</p>								
	<p><input type="checkbox"/> Limited <input type="checkbox"/> Scattered <input type="checkbox"/> Widespread</p>	<p><input type="checkbox"/> Leaves, Upper Surface <input type="checkbox"/> Leaves, Lower Surface <input type="checkbox"/> Petiole <input type="checkbox"/> Stem</p>	<p><input type="checkbox"/> Trunk/Bark <input type="checkbox"/> Branches <input type="checkbox"/> Growing Tips <input type="checkbox"/> Roots</p>	<p><input type="checkbox"/> Bulbs, Tubers, Corms <input type="checkbox"/> Buds <input type="checkbox"/> Flowers <input type="checkbox"/> Fruits or Nuts</p>	<p><input type="checkbox"/> Seeds</p>					
	<p>14. PEST DISTRIBUTION</p>	<p>15. <input type="checkbox"/> INSECTS <input type="checkbox"/> NEMATODES <input type="checkbox"/> MOLLUSKS</p>								
<p>PEST DATA</p>	<p><input type="checkbox"/> FEW <input type="checkbox"/> COMMON <input type="checkbox"/> ABUNDANT <input type="checkbox"/> EXTREME</p>	<p>NUMBER SUBMITTED</p>	<p>LARVAE</p>	<p>PUPAE</p>	<p>ADULTS</p>	<p>CAST SKINS</p>	<p>EGGS</p>	<p>NYMPHS</p>	<p>JUVS.</p>	<p>CYSTS</p>
		<p>ALIVE</p>								
		<p>DEAD</p>								
<p>16. SAMPLING METHOD</p>		<p>17. TYPE OF TRAP AND LURE</p>			<p>18. TRAP NUMBER</p>					
<p>19. REMARKS Include if this is a new nursery or establishment, i.e., PASS positive or PASS inconclusive, or a previously positive establishment. Also include number of plants included if plant sample is a composite sample.</p>						<p>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</p>				
<p>20. TENTATIVE DETERMINATION Fill if known</p>				<p>DETERMINED BY</p>		<p>POSITION AND AFFILIATION</p>				
<p>21. FINAL DETERMINATION AND NOTES (NOT FOR FIELD USE)</p>						<p>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</p>				
<p>PRINT NAME</p>		<p>DISPOSITION OF SPECIMEN/SAMPLE <input type="checkbox"/> Returned <input type="checkbox"/> Retained for Collection/Storage <input type="checkbox"/> Destroyed <input type="checkbox"/> Transferred to:</p>								
<p>SIGNATURE</p>		<p>DATE</p>		<p>LAB CONFORMATION NUMBER</p>		<p>DATE RECEIVED</p>				
<p>PPQ Form 391 DEC 2017</p>						<p>Previous editions are obsolete.</p>				

Additional information on distribution of form. Please print the fillable form 391 to submit with the sample, send the fillable form electronically to the lab, and save the fillable form for your records.

## 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> <p><b>EXAMPLE</b> In 2014, Brian K. Long collected his first specimen of the year for determination. His first collection number is 14-BLK-001</p> <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 <a href="#">Add information on status of nursery - previously positive for P. ramorum?</a>
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.