

University of California Cooperative Extension Monterey County  
**Specimen Submission Form (Disease)**

Send to: Yu-Chen Wang | 1432 Abbott Street, Salinas, CA 93901 | e-mail: [yckwang@ucanr.edu](mailto:yckwang@ucanr.edu)

Phone: 831-201-9689 | Permit #: CDFA 3969, 4077

Date: \_\_\_\_\_ Urgent: Yes No

Submitted By: \_\_\_\_\_

Phone: \_\_\_\_\_  preferred contact route

Email: \_\_\_\_\_  preferred contact route

Company Name: \_\_\_\_\_

Name of Crop/Variety: \_\_\_\_\_

Ranch: \_\_\_\_\_ Lot: \_\_\_\_\_

Ranch location (city): \_\_\_\_\_

Extent/Damage: none slight noticeable considerable extensive  
(circle one)

Preferred Control: not chemical organic Cultural (non-chemical)  
(circle) necessary

Any control applied so far to the area: \_\_\_\_\_

Description of symptoms/ suspected cause/ other comment:  
\_\_\_\_\_  
\_\_\_\_\_

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**OFFICE USE ONLY**

Sample ID: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Date Received: \_\_\_\_\_ Contacted: \_\_\_\_\_