

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.

See reverse for additional OMB information.

FORM APPROVED
OMB NO. 0579-0010

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
SPECIMENS FOR DETERMINATION**

Instructions: Type or print information requested. Press hard and print legibly when handwritten. Item 1 - assign number for each collection beginning with year, followed by collector's initials and collector's number. Example (collector, John J. Dingle): 83-JJD-001.
Pest Data Section - Complete Items 14, 15 and 16 or 19 or 20 and 21 as applicable. Complete Items 17 and 18 if a trap was used.

FOR IIBIII USE
LOT NO.
PRIORITY

1. COLLECTION NUMBER
2008 - SI - 001

2. DATE
MO DA YR
now now

3. SUBMITTING AGENCY
 State Cooperator PPQ Other _____

SENDER AND ORIGIN

4. NAME OF SENDER
State Inspector
6. ADDRESS OF SENDER
1234 Happy Ag St.
Anytown
Any State ZIP 00001

INTERCEPTION SITE

5. TYPE OF PROPERTY (Farm, Feedmill, Nursery, etc.)
Nursery
7. NAME AND ADDRESS OF PROPERTY OR OWNER
5678 Yakima Rd
Bellevue
Washington COUNTRY/
COUNTY Yakima

PURPOSE

8. REASON FOR IDENTIFICATION ("x" ALL Applicable Items)
A. Biological Control (Target Pest Name)
B. Damaging Crops/Plants
C. Suspected Pest of Regulatory Concern (Explain in REMARKS)
D. Stored Product Pest
E. Livestock, Domestic Animal Pest
F. Possible Immigrant (Explain in REMARKS)
G. Survey (Explain in REMARKS)
H. Other (Explain in REMARKS)
9. IF PROMPT OR URGENT IDENTIFICATION IS REQUESTED, PLEASE PROVIDE A BRIEF EXPLANATION UNDER "REMARKS".

HOST DATA

10. HOST INFORMATION
NAME OF HOST (Scientific name when possible)
Rosa spp.
11. QUANTITY OF HOST
NUMBER OF ACRES/PLANTS 50
PLANTS AFFECTED (Insert figure and indicate Number 15 Percent):
12. PLANT DISTRIBUTION
 LIMITED SCATTERED WIDESPREAD
13. PLANT PARTS AFFECTED
 Leaves, Upper Surface Leaves, Lower Surface Petiole Stem Trunk/Bark Branches Growing Tips Roots Bulbs, Tubers, Corms Buds Flowers Fruits or Nuts Seeds

PEST DATA

14. PEST DISTRIBUTION
 FEW COMMON ABUNDANT EXTREME
15. INSECTS NEMATODES MOLLUSKS
NUMBER SUBMITTED LARVAE PUPAE ADULTS CAST SKINS EGGS NYMPHS JUVS. CYSTS
ALIVE DEAD 2
16. SAMPLING METHOD
Visual
17. TYPE OF TRAP AND LURE
N/A
18. TRAP NUMBER
N/A
19. PLANT PATHOLOGY - PLANT SYMPTOMS ("X" one and describe symptoms)
 ISOLATED GENERAL
20. WEED DENSITY
 FEW SPOTTY GENERAL
21. WEED GROWTH STAGE
 SEEDLING VEGETATIVE FLOWERING/FRUITING MATURE

22. REMARKS
postentry quarantine inspection

23. TENTATIVE DETERMINATION
rose scale / disease ?

24. DETERMINATION AND NOTES (Not for Field Use)

FOR IIBIII USE
DATE RECEIVED
NO. LABEL SORTED PREPARED
DATE ACCEPTED
RR

SIGNATURE _____ DATE _____

This is a 6-Part form. Copies must be disseminated as follows:

- PART 1 - PPQ
- PART 2 - RETURN TO SUBMITTER AFTER IDENTIFICATION
- PART 3 - IIBIII OR FINAL IDENTIFIER
- PART 4 - INTERMEDIATE IDENTIFIER
- PART 5 - INTERMEDIATE IDENTIFIER
- PART 6 - RETAINED BY SUBMITTER