
Tobacco Blue Mold Field Survey for Oospores Field Sampling Record 2005

Date Sampled: _____

Sample ID Number Assigned by State Coordinator: _____

Nearest Town: _____ County: _____ State: _____

Field Location (Describe): _____

GPS Location: _____

Grower/Farm Name: _____

Address: _____

Phone: _____ Email: _____

County Agent (optional): _____

Address: _____

Phone: _____ Email: _____

Name of Sampler: _____

Address: _____

Phone: _____ Email: _____

State of Agency: _____

Address: _____

Phone: _____ Email: _____

Tobacco Type: Flue-Cured Burley

Please indicate who should be billed for this sample (give name and contact information)

Send completed form to appropriate state coordinator and laboratory at the address below:

ATTN: Tom Creswell, Blue Mold Project Manager
Plant Disease and Insect Clinic
North Carolina State University, 100 Derieux Place
Campus Box 7211, Room 1227 Gardner Hall
Raleigh, NC 27695-7211
Lab: 919-515-3619; Fax: 919-882-1842
<http://www.ces.ncsu.edu/depts/ent/clinic/>

Tobacco Blue Mold Export Sampling Record

Company Requesting Sampling: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Date Sampled: _____ Crop Year: _____

Contract of Sale Number: _____

Sample ID Number Assigned by State Coordinator: _____

Sampling/Warehouse Site (Describe): _____

Phytosanitary Certification Issuer: _____

Name: _____

Agency: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Tobacco Type: Flue-Cured Burley

Please remit \$500.00 for each 50 disc sample. Make check payable to North Carolina State University.

Send completed form with check attached to the address below:

ATTN: Tom Creswell, Blue Mold Project Manager
Plant Disease and Insect Clinic
North Carolina State University, 100 Derieux Place
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Raleigh, NC 27695-7211
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