



Screening Waterhemp for Herbicide Resistance

2013 SAMPLE SUBMISSION FORM

Date: _____

Submitted by: _____

Company:

Phone (specify office or cell): _____

Email:

(Please provide an email address for receiving test results)

Field Location (use a separate form for each field):

State: (required)

County: (required)

Township: _____ (preferred but not required)

GPS coordinates: (preferred but not required)

Field Name or Grower: _____ (include if submitting samples from multiple fields)

Number of plants sampled: _____ (5 samples per field are recommended)

Remove the top inch or two (containing young, newly emerged, healthy leaves) from each plant and seal it inside a sandwich-sized plastic zipper bag. *Use a separate bag for each plant.*

Additional information (please include herbicide use history, herbicides and rates applied this season, comments on observed weed control, and any other relevant comments):

[illegible]

Send samples (including this form) by overnight delivery to: Dr. Chance Riggins, 320 ERML, 1201 W. Gregory Dr., Urbana, IL 61801.