

THPPDDL use only.

Sample #:

Texas High Plains Plant Disease Diagnostic Laboratory

6500 Amarillo Blvd. W

Amarillo, Texas 79106

Email: thppdd-lab@ag.tamu.edu

Phone: 806-677-5600

PDDF - Rev 1: 2/20/2023



Customer ID:

Psyllids Testing Form

Candidatus Liberibacter Solanacearum (Lso)

This form must be completed in it's entirety in order for any test to be performed

If you do not have a Customer ID [click here](#) to create one.

Client Information (must be filled out)

Submitter Information (if different from client)

Name: _____

Name: _____

Company name (if commercial): _____

Company name (if commercial): _____

Address: _____

Address: _____

City: _____ State/Zip _____

City: _____ State/Zip _____

County: _____

County: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Client Is: AgriLife Personnel Homeowner Consultant

Submitter Is: AgriLife Personnel Homeowner Consultant

Golf Course Commercial Other _____

Golf Course Commercial Other _____

Send results via: Email Standard mail _____

Send results to: Submitter Grower Other _____

Sample Submission Guidelines:

1. Psyllids on sticky traps are not accepted for testing by the lab. All Psyllids to be tested should be removed from sticky traps and placed in appropriate vials/containers for submission/shipment to the lab for testing.
2. If submitting more than one sample, separate each sample in separate vials/container or clearly LABEL each vial/container to indicate the number of samples to be run from a single vial/container.
3. Package all sample vials/containers securely to prevent damage during transit. To prevent damages to vials/containers, use cardboard boxes and add packing material such as newspaper to serve as paddings inside the shipment box.

Testing Fee: In-State - \$50/sample Out-of-state - \$75/sample

Number of Samples _____

Comments _____

I agree to pay a minimum of \$50 for this service; fees may be greater, based on services performed. I understand that accurate disease identification, diagnosis, and management recommendations are dependent on submission of appropriate specimens with thorough background information. Incomplete information and/or poor samples me lead to inaccurate diagnosis.

Signature: _____ Printed name: _____ Date: _____