

Grower: _____	Submitter: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Email: _____	Email: _____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____

Send results to (check all that apply): **Grower** **Submitter** *via* **Email** **Mail** **Fax**

Please fill-in the fields below and on opposite-page as completely as possible (this will allow for the best results):

Field History

Field I.D.: _____	Acres: _____
Current Crop: _____	Date Planted: _____
Irrigation Type: _____	System Type: _____ (ex. No-till, direct-seed, conventional)

Year:	Crop:	Herbicide:	Adjuvant :	Timing:	Herbicide Control Level (Good/Average/Poor):

Field Notes (anything that may be necessary for us to know. Ex: topography, soil type, terrain):

Sample Details:

Sampled By: _____ Sample Date: _____

Weed Species:	# of Plants:	% of Field Affected:	Suspected Herbicides:	Rate of Herbicide:	Date Applied:	GPS Cordiant:

Sample Notes (anything that may be necessary for us to know. Ex: field map with location of finding, details about herbicide plan, reasoning for resistance belief, symptoms that the weed species showed):

If there are any questions please contact Marija Savic at marija.savic@wsu.edu or (509) 553-1060.

Privacy Clause:

This information will not be shared with anyone but the sample submitter unless sharing is authorized. The sample submitter has the rights to the results and data found from testing done on submitted samples.

Return Address: Marija Savic, Department of Crop and Soil Sciences, Attn: Weed Sciences Program
 PO Box 646420, Washington State University, Pullman WA 99164-6420