



Wisconsin Seed Potato Certification Program

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Department of Plant Pathology
Tissue Culture & Diagnostic Laboratory

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Sample Diagnostic Submission Form

Submitter Information

Name: _____

Address: _____

Email: _____

Phone: _____

Billing Information

Name: _____

Address: _____

Email: _____

Phone: _____

Number of Samples Submitted: _____

Date Submitted: _____

Sample Identification Info: _____

Common Testing Services Available: (Circle one or more)

- | | |
|---|---|
| <input type="checkbox"/> BRR (Bacterial Ring rot)-200 tuber sample size | <input type="checkbox"/> <i>Dickeya sp./D. dianthicola</i> -100 tuber sample size |
| <input type="checkbox"/> <i>Dickeya sp./D. dianthicola</i> -25 tuber sample size | <input type="checkbox"/> <i>Dickeya sp./D. dianthicola</i> -plant tissue |
| <input type="checkbox"/> PVY Dormant Tuber (IC-PCR)-10 tuber sample size | <input type="checkbox"/> PVY ELISA leaf -10 leaf sample size |
| <input type="checkbox"/> <i>Pectobacterium sp./P. parmentieri</i> -10 tuber sample size | <input type="checkbox"/> <i>Pectobacterium sp./P. parmentieri</i> -plant tissue |
| <input type="checkbox"/> <i>P. caro subsp. caro/P. atrosepticum</i> -plant tissue | |
| <input type="checkbox"/> Other Potato Viruses (ex: PLRV, TRV, PMTV, PVS, PVX, PVM, TSWV) _____ | |

Additional information/testing requests: