



Weed Submission for Herbicide Resistance Testing

Date: _____ Sample reference #: _____

Contact information

Name: _____

Mailing address _____

Phone #'s (home) _____ (work) _____

(cell) _____ (fax) _____

E-mail address _____

Sample identification (species): _____

Sample description (live plant, seeds from single plant, bulk sample of seeds from multiple plants, etc.)

Herbicide(s) you want tested: _____

Location: Lot/concession _____

Twp/county _____

(911) #: _____

Additional relevant information (farm name, location on farm etc.)

Cropping systems information

<u>Crop information (5 years)</u>	<u>Herbicide information (5 years)</u>	<u>Weed information (current year)</u>
Current crop: _____ _____	Current year herbicide program: _____ _____	Distribution in field: Widespread Patchy
Field acreage: _____ _____	Date sprayed: _____ _____	Rows Other: (field margins, field entrance etc) _____ _____
Soil type: _____ _____	Weed size at application: (leaf stage, height, size range, density) _____ _____	<u>Infestation</u> Have you had good control in the past with this program? Yes No Sometimes
Tillage system: _____ _____	Soil conditions: Wet Normal Dry	Was there injury on these weeds? Yes No Partial
Cropping history: 1 yr ago: _____ _____ _____	Herbicides used in this field: 1 yr ago: _____ _____ _____	Are there other escaped weed species in this field? Yes No If yes: what species? _____ _____
2 yrs ago: _____ _____ _____	2 yrs ago: _____ _____ _____	Additional information? (were the plants stressed, was herbicide coverage acceptable, was the rainfast period achieved etc) _____ _____ _____ _____ _____
3 yrs ago: _____ _____ _____	3 yrs ago: _____ _____ _____	
4 yrs ago: _____ _____ _____	4 yrs ago: _____ _____ _____	

Forward sample(s) to: Attn: **Peter J. Smith**
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