

Weed Submission for Herbicide Resistance Testing

Date:		Sample r	eference #:			
Contact informa	ation					
Contact informs	Name:					
	Mailing address					
	Phone #'s	(home)		_(work)		
		(cell)		(fax)		
	E-mail address					
Sample identifica	ation (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 release	ent information (fo	rm name, location	on form ata)			
Additional releva	int information (1a	im name, location	on familetc.)			

Cropping Systems Information

Crop information (5 years)	Herbicide information (5 years)	Weed information (current year)	
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)	Infestation Have you had good control in the	
Tillage system:		past with this program? Yes Sometimes No	
	Soil conditions: Wet Dry Normal	Was there injury on these weeds? Yes Partial No	
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	
3 yrs ago:	3 yrs ago	period achieved etc)	
4 yrs ago:	4 yrs ago		

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

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