**Dahlia Virus Testing Sample Submission Form**

**Sampling Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_
Submitter contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_**
**Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Sample # | Location in Garden | Grower | Zip Code | Foliage Rating\* | Name of Cultivar |
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\*See Instructions. Send form to Professor Pappu with samples **and** to virus-info@dahlia.org.