

Dahlia Virus Testing Sample Submission Form

Sampling Date _____

Submitter contact: Name _____ Address _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Sample #	Location in Garden	Grower	Zip Code	Foliage Rating*	Name of Cultivar
1					
2					
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*See Instructions. Send form to Professor Pappu with samples **and** to virus-info@dahlia.org.