

Garlic Sample Submission Form

University of Minnesota Plant Disease Clinic

Lab Use Only

ID # _____

Received _____

Notes _____

Hand Delivery	Mailing	Contact
1519 Gortner Ave Room 105 Stakman Hall St. Paul, MN 55108 Tues – Fri 8:30am – 4:30pm	Plant Disease Clinic 495 Borlaug Hall 1991 Upper Buford Circle St. Paul, MN 55108	Phone: 612-625-1275 Email: pdcc@umn.edu Website: https://pdcc.umn.edu/

Client information

Send results by: email mail **Billing:** Send invoice Check included

Name _____

Business / Farm Name: _____

Address (City/State/Zip) _____

Phone _____ Email _____

I need this to participate in the Upper Midwest Garlic Growers Directory or MN Garlic Festival

I am NOT participating in the Upper Midwest Garlic Growers Directory or MN Garlic Festival

Garlic varieties: _____

Number of plants in sample: _____ **Field # or Location:** _____

Notes: _____

Please observe the Garlic Bloat Nematode Testing Procedure found under 'Garlic Disease Testing' on the [SFA Garlic Festival Page](https://sfa-mn.org/garlicfest/) (<https://sfa-mn.org/garlicfest/>)

A separate Sample Submission Form is required for each sample. Submit one sample of 4-6 plants per field. Clearly mark each sample group with the field from which it was taken.

If paying by check, make payable to "University of Minnesota" in the amount of \$50 per sample.

This test is required for Minnesota Garlic Festival garlic vendors, and for the MN Premium Garlic Directory Growers who are not participating in MN Garlic Festival and the MN Premium Garlic Directory may also use this form to submit samples for testing.

Questions? Contact Jerry Ford, 763-244-6659, jerry@sfa-mn.org