

2017 **G1** Sample Submission Form

Sampling Date _____ Coordinator Contact: Name _____
 Address _____ City _____ State _____ Zip _____
 Telephone Number _____ Email Address _____

2017 Sample #	2016 G1 Identification			2017 Grower	Foliage Rating*	Location in Garden	Zip Code
	2016 Submitter	Cultivar	2016 Sample #				
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*See Instructions for suggested categories.
 Send form to Professor Pappu with samples **and** to virus-info@dahlia.org.