**2017 G1 Sample Submission Form**

**Sampling Date \_\_\_\_\_\_\_\_\_\_ Coordinator Contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_**
**Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| 2017Sample# | 2016 G1 Identification | 2017 Grower | FoliageRating\* | Location inGarden | 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.