

**FOR OFFICE USE ONLY**

No. of Samples: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Date Received: \_\_\_\_\_

☐ Mail-In

☐ Walk-In

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Fee: \$20.00 per sample**

Please make checks payable to  
URI Plant Clinic and mail to  
URI Plant Clinic  
3 East Alumni Ave.  
Kingston, RI 02881

**URI Plant Protection Clinic: Beech bud check for nematodes**

Collect at least 10 buds per sample. A sample can be from one tree or from several beech trees.

Place buds into sealable plastic bag (such as a Ziplock bag)

Number or otherwise identify each sample.

**Please provide information about each sample:**

**Sample 1:** ☐ American beech ☐ European beech ☐ Don't know

Date sample collected \_\_\_\_\_

Town \_\_\_\_\_

Tree treated for BLD? ☐ Yes ☐ No

Phosphite treatment? ☐ Yes ☐ No

If treated with Phosphite ☐ Soil application ☐ Trunk application

Date(s) of treatment \_\_\_\_\_

Application rate \_\_\_\_\_

Fluopyram treatment? ☐ Yes ☐ No

Application rate \_\_\_\_\_

Date(s) of treatment \_\_\_\_\_

**Sample 2:** ☐ American beech ☐ European beech ☐ Don't know

Date sample collected \_\_\_\_\_

Town \_\_\_\_\_

Tree treated for BLD? ☐ Yes ☐ No

Phosphite treatment? ☐ Yes ☐ No

If treated with Phosphite ☐ Soil application ☐ Trunk application

Date(s) of treatment \_\_\_\_\_

Application rate \_\_\_\_\_

Fluopyram treatment? ☐ Yes ☐ No

Application rate \_\_\_\_\_

Date(s) of treatment \_\_\_\_\_

**Sample 3:** ☐ American beech ☐ European beech ☐ Don't know

Date sample collected \_\_\_\_\_

Town \_\_\_\_\_

Tree treated for BLD? ☐ Yes ☐ No

Phosphite treatment? ☐ Yes ☐ No

If treated with Phosphite ☐ Soil application ☐ Trunk application

Date(s) of treatment \_\_\_\_\_

Application rate \_\_\_\_\_

Fluopyram treatment? ☐ Yes ☐ No

Application rate \_\_\_\_\_

Date(s) of treatment \_\_\_\_\_

**Sample 4:** ☐ American beech ☐ European beech ☐ Don't know

Date sample collected \_\_\_\_\_

Town \_\_\_\_\_

Tree treated for BLD? ☐ Yes ☐ No

Phosphite treatment? ☐ Yes ☐ No

If treated with Phosphite ☐ Soil application ☐ Trunk application

Date(s) of treatment \_\_\_\_\_

Application rate \_\_\_\_\_

Fluopyram treatment? ☐ Yes ☐ No

Application rate \_\_\_\_\_

Date(s) of treatment \_\_\_\_\_

**Sample 5:** ☐ American beech ☐ European beech ☐ Don't know

Date sample collected \_\_\_\_\_

Town \_\_\_\_\_

Tree treated for BLD? ☐ Yes ☐ No

Phosphite treatment? ☐ Yes ☐ No

If treated with Phosphite ☐ Soil application ☐ Trunk application

Date(s) of treatment \_\_\_\_\_

Application rate \_\_\_\_\_

Fluopyram treatment? ☐ Yes ☐ No

Application rate \_\_\_\_\_

Date(s) of treatment \_\_\_\_\_

**Anything else you want to add?** \_\_\_\_\_

\_\_\_\_\_