Idaho Crop Improvement Association, Inc
1680 Foote Drive, Idaho Falls, ID 83402

Tissue Culture Testing Request

Tissue Culture Laboratory & Address:

Contact Person: **Email:** **Phone:**

		Test(s) Requested[1]		Individual Tests Only[2]											
Variety	**Line ID**	Introductory	Recurrent	**PLRV**	**PMTV**	**PotLV**	**PVA**	**PVM**	**PVS**	**PVX**	**PVY**	**TRV**	**PSTVd**	**BRR**	**Pecto**

[1] Introductory Testing includes all of the following pathogens: PLRV, PMTV, PotLV, PVA, PVM, PVS, PVX, PVY, TRV, PSTVd, *C. m. sepedonicus* , and pectolytic bacteria.
Recurrent testing includes all of the pathogens listed above except PMTV, TRV, and PotLV.

[2] For *individual* pathogen test(s), please check the appropriate box(es).

Signature & Date

The information included on this testing request is accurate. I understand that inaccurate information may render this material or its progeny ineligible for certification.