University of California, Riverside
Department of Microbiology and
Plant pathology

CDFA Permit: 3964

SUNBLOTCH Test Form

Please fill out fields
electronically and email
to fatemehk@ucr.edu

Please include a copy of this form with the specimen(s).

Contact Information	
Date:	Number of infected trees:
Submitted by:	Company/Grower:
Address:	City/Zip:
Email:	Phone:
Host Plant and Symptom Information	
Host:	Rootstock:
Cultivar:	
Description of symptoms:	
Laboratory Results	

Please send samples FedEx overnight to: Dr. Fatemeh Khodadadi
3401 Watkins Drive
Boyce 2435, Riverside, CA 92521