

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0377. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.					This report is authorized by law (7 U.S.C. 147a). While you are not required to respond, your cooperation is needed to make an accurate record of plant pest conditions.			OMB APPROVED 0579-0010 EXP. DATE 02/2017				
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				Instructions: Type information requested. Block 1 – assign a number for each collection using your own numbering convention or use the following example by beginning with the year, followed by the collector's initials and the collector's number. Example: 14-JJD-001.				LOT NUMBER	PRIORITY			
SPECIMENS FOR DETERMINATION				Pest Data Section – Complete Blocks 14, 15 and 16. Complete Items 17 and 18 if a trap was used.					<input type="checkbox"/> URGENT <input type="checkbox"/> PROMPT <input type="checkbox"/> ROUTINE			
1. COLLECTION NUMBER		2A. DATE - SUBMISSION		2B. DATE - COLLECTION		3. SUBMITTING AGENCY						
		MONTH	DAY	YEAR	MONTH	DAY	YEAR	<input type="checkbox"/> State Cooperator <input type="checkbox"/> University <input type="checkbox"/> APHIS PPQ <input type="checkbox"/> Other:				
SUBMITTER AND ORIGIN	4A. NAME OF SUBMITTER			4B. NAME OF COLLECTOR			6. TYPE OF PROPERTY (FARM, RESIDENCE, NURSERY, ETC.)					
	5. ADDRESS OF SUBMITTER						7. NAME AND ADDRESS OF PROPERTY OWNER					
				ZIP			CITY		COUNTY	STATE		
	EMAIL ADDRESS OF SUBMITTER						LATITUDE		LONGITUDE			
PURPOSE	8. REASON FOR IDENTIFICATION ("X" all applicable items)											
	A. <input type="checkbox"/> Biological Control (Target Pest Name _____)					E. <input type="checkbox"/> Export Certification						
	B. <input type="checkbox"/> Damaging Crops/Plants					F. <input type="checkbox"/> Targeted Survey (Pest Name _____)						
	C. <input type="checkbox"/> Suspected Pest of Regulatory Concern (Explain in REMARKS)					G. <input type="checkbox"/> Smuggling Interdiction/Trade Compliance (SITC)						
	D. <input type="checkbox"/> Stored Product Pest					H. <input type="checkbox"/> Other (Explain in REMARKS)						
9. IF PROMPT OR URGENT IDENTIFICATION IS REQUESTED, PLEASE PROVIDE A BRIEF EXPLANATION UNDER "REMARKS".												
HOST DATA	10. HOST INFORMATION						11. QUANTITY OF HOST					
	NAME OF HOST (Scientific name and name of cultivar if appropriate)						NUMBER OF ACRES/PLANTS		Plant affected (insert figure and indicate)			
									<input type="checkbox"/> Number: <input type="checkbox"/> Percent:			
	12. PLANT DISTRIBUTION			13. PLANT PARTS AFFECTED								
<input type="checkbox"/> Limited <input type="checkbox"/> Scattered <input type="checkbox"/> Widespread			<input type="checkbox"/> Leaves, Upper Surface <input type="checkbox"/> Leaves, Lower Surface <input type="checkbox"/> Petiole <input type="checkbox"/> Stem		<input type="checkbox"/> Trunk/Bark <input type="checkbox"/> Branches <input type="checkbox"/> Growing Tips <input type="checkbox"/> Roots		<input type="checkbox"/> Bulbs, Tubers, Corms <input type="checkbox"/> Buds <input type="checkbox"/> Flowers <input type="checkbox"/> Fruits or Nuts		<input type="checkbox"/> Seeds			
PEST DATA	14. PEST DISTRIBUTION			15. <input type="checkbox"/> INSECTS			<input type="checkbox"/> NEMATODES			<input type="checkbox"/> MOLLUSKS		
	<input type="checkbox"/> FEW <input type="checkbox"/> COMMON <input type="checkbox"/> ABUNDANT <input type="checkbox"/> EXTREME			NUMBER SUBMITTED	LARVAE	PUPAE	ADULTS	CAST SKINS	EGGS	NYMPHS	JUVS.	CYSTS
				ALIVE								
				DEAD								
	16. SAMPLING METHOD			17. TYPE OF TRAP AND LURE				18. TRAP NUMBER				
19. REMARKS								METHOD				
								<input type="checkbox"/> MORPHOLOGY <input type="checkbox"/> SYMPTOM <input type="checkbox"/> CULTURE <input type="checkbox"/> SEROLOGICAL <input type="checkbox"/> PCR <input type="checkbox"/> SEQUENCING				
20. TENTATIVE DETERMINATION						DETERMINED BY		POSITION AND AFFILIATION				
21. FINAL DETERMINATION AND NOTES (Not for Field Use)								METHOD				
								<input type="checkbox"/> MORPHOLOGY <input type="checkbox"/> SYMPTOM <input type="checkbox"/> CULTURE <input type="checkbox"/> SEROLOGICAL <input type="checkbox"/> PCR <input type="checkbox"/> SEQUENCING				
PRINT NAME (Person Making Final Determination)				DISPOSITION OF SPECIMEN/SAMPLE								
				<input type="checkbox"/> Returned <input type="checkbox"/> Retained for Collection/Stored <input type="checkbox"/> Destroyed <input type="checkbox"/> Transferred to:								
SIGNATURE				DATE		LAB CONFORMATION NUMBER		DATE RECEIVED				

INSTRUCTIONS

Use PPQ Form 391, Specimens for Determination, for domestic collections (warehouse inspections, local and individual collecting, special survey programs, export certification).

BLOCK	INSTRUCTIONS
1	<p>1. Assign a number for each collection using your own numbering convention or use the following example by beginning with the year, followed by the collector's initials and the collector's number.</p> <div style="display: flex; align-items: center; justify-content: center; margin: 10px 0;"> <div style="margin-right: 20px;">EXAMPLE</div> <div style="border: 1px solid black; padding: 5px; width: 80%;"> <p>In 2014, Brian K. Long collected his first specimen of the year for determination. His first collection number is 14-BLK-001</p> </div> </div> <p>2. Enter the collection number</p>
2A-2B	Enter dates
3	Check block to indicate Agency submitting specimens for identification
4A	Enter name of submitter
4B	Enter name of collector
5	Enter address of submitter
6	Enter type of property specimen obtained from (farm, nursery, residence, etc.)
7	Enter name and address of property owner
8A-8H	Check all appropriate blocks
9	Leave Blank
10	Enter scientific name of host, if possible
11	Enter quantity of host and plants affected
12	Check block to indicate distribution of plant
13	Check appropriate blocks to indicate plant parts affected
14	Check block to indicate pest distribution
15	<input type="checkbox"/> Check appropriate block to indicate type of specimen <input type="checkbox"/> Enter number specimens submitted under appropriate column
16	Enter sampling method
17	Enter type of trap and lure
18	Enter trap number
19	Provide a brief explanation if Prompt or URGENT identification is requested
20	Enter a tentative determination and who made it
21	Leave blank

Distribution of PPQ Form 391

Distribute PPQ Form 391 as follows:

1. Send Original along with the sample to your Area Identifier or for national confirmation.
2. Retain and file a copy for your records.