

HERBICIDE RESISTANCE TESTING FORM

Name of weed: _____

Date of collection: _____

Submittee Information:

Name: _____

E-mail: _____

Phone #: _____

Grower Information:

Name: _____

E-mail: _____

Phone #: _____

Field/Site Information:

GPS Coordinates: _____

Township, Section, Range: _____

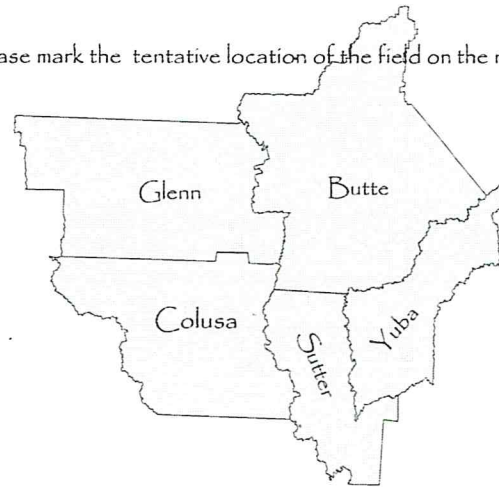
Nearest Road: _____

Size of the farm: _____

Percentage of farm that is suspected to be resistant: _____

When was the resistance suspected in this field? _____

Please mark the tentative location of the field on the map



Please draw a brief map of field with location of sampling

How many plants were sampled? _____

	Herbicides used		Resistance		Test result X= Resistant (This is for our purpose, leave it blank)
	In the past	This year	Known	Suspected	
Abolish 8 EC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bolero Ultramax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cereno 5 MEG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clincher CA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandstand CA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Granite GR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Granite SC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halomax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
League MVP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Londax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regiment CA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RiceEdge 60 DF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RiceShot 48 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shark H2O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stam 80 EDF CA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strada CA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SuperWham! CA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water Management

Source(s) of water:

- Pump
 Canal
 Both

Irrigation management:

- Continuous flood
 Pinpoint
 Leathers method

Was water compromised or lost at any time of the season? Yes No

Bring the sample and form to your local UCCE Farm Advisor or drop off samples at the address below preferably by the end of September.

Rice Experiment Station | 955 Butte City Hwy (162) | PO Box 306 | Butte CA 95917