

ROSE INTRODUCTION & MAINTENANCE SERVICE REQUEST FORM

Please complete a separate form for each selection. If submitting more than one selection, do not combine PDFs into a single file. Email form(s) to fps@ucdavis.edu or print and mail to 455 Hopkins Road, Davis, CA 95616.

Company Name: _____	Date: _____
Mailing Address: _____	Contact Name: _____
City, State, Zip: _____	Email: _____
Country: _____	Phone/Fax: _____

Name of rose variety:			
Unique breeder name:			
Country of origin:			
Source field or address:			
	Block:	Row:	Plant:
Proprietary status:	Public	Proprietary	
Will material be protected by a US patent?	Yes	No	
Patent number, if applicable:			
Patent assignee, if applicable:			
Disease testing history, if any:			
Is material sourced from a single source?	Yes	No	
Is material sourced from a site where rose rosette virus has been identified?	Yes	No	
Material supplied as:	Bareroot plants	Cuttings	Liners Other
If grafted, specify rootstock:			
Number of units provided:			
Additional information:			

PLEASE SELECT EACH DESIRED SERVICE

Testing and Treatment: Complete disease testing panel and concurrent disease elimination therapy by micro-shoot tip tissue culture or heat therapy including pre- and post-therapy testing panels to qualify foreign and domestic selections for release from federal quarantine and/or inclusion in the FPS Virus-Indexed Rose Block.

- **\$2500 per public selection**
- **\$4500 per proprietary selection**

Inclusion in Virus-Indexed Rose Block: Plant and maintain qualified proprietary selections in the FPS Virus-Indexed Rose Block.

- **\$650 per selection for initial planting**
- **\$200 per year per selection thereafter**