

MLN Field Survey Form - 2016

Surveyor's Name: _____

Country/Institution: _____

Date of Survey (d/m/y): _____ / _____ / _____

Location: _____

Latitude (decimal degrees): **N** **S**

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Longitude (decimal degrees): **E** **W**

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Elevation: _____ (meters above sea level)

Survey Site: Farmer's field Seed Production Field Maize trial

Growth Stage: Vegetative (VE-VT) _____ Reproductive: **R1. Silk** **R2. Blister** **R3. Milk**
 R4. Dough **R5. Dent** **R6. Maturity**

Plot Seed Source: 1. **Farmer saved seed** 2. **Neighbour/Friend/Relative** 3. **Purchased from Agro Dealer**
 4. **Donation (Gov/Project/NGO)** 5. **Other** _____

Date of Planting (d/m/y): _____ / _____ / _____

Field area size: _____ ha Variety: _____

Disease	Present (Y/N)	Plot Incidence (% of plot infected)	Plot Severity (Avg % severity on plants)
1. MLN (visible symptoms)		L M H	L M H
2.		L M H	L M H
3.		L M H	L M H
4.		L M H	L M H
5.		L M H	L M H

L (Low) = 1-20% **M (Moderate) = 20-40%** **H (High) = more than 40%**

[Note: If other diseases / symptoms observed – record in disease column. If no diseases observed leave table blank]

Insects Present: **Thrips** **Whitefly** **Aphids** **Leaf beetles** **Others** _____

Visible Insect Damage: Leaf: **L M H** Stem: **L M H**

MLN Control Measures: **None** **Insecticide** **Removal of Infected Plants**

Insecticide used: _____ Dose (l/ha): _____ Date of Last Application: _____ / _____ / _____

Please return completed forms to the National Focal Point in your country

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MLN-infected **Leaf** samples collected: **Y** **N**

Number of **Leaf** samples collected:

Leaf Sample ID	Source* (Variety)	MLN Visible Symptoms (Y/N)	Bulk Sample ID (6 leaves)	Sent for ELISA Assay (Y/N)	AgriStrip used (Y/N)	Bulk AgriStrip Result (+ / -)
1						Test 1.
2						
3						
4						Test 2. (if test1 +ve)
5						
6						
7						Test 1.
8						
9						
10						Test 2. (if test1 +ve)
11						
12						
13						Test 1.
14						
15						
16						Test 2. (if test1 +ve)
17						
18						
19						Test 1.
20						
21						
22						Test 2. (if test1 +ve)
23						
24						

*Indicate specific source from where the leaf sample was collected (e.g., Variety X if several varieties are grown in the same field)

[Record exactly same sample ID's as QR label used on sample bags/bulk bag NB: Codes are case sensitive]

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Farmer's Name: _____ Farmer's Tel Number: _____

Is maize cultivated continuously? **Y** **N** Previous Crop: _____

Is maize planting synchronized in the locality? **Y** **N**

Has the farmer seen MLN symptoms before? **Y** **N**

Does the farmer have access to extension agent? **Y** **N** No. of extension visits / season? _____

Additional Comments / Observations:

Notes on filling MLN FIELD survey form:

- Disease Table: Primary focus of survey is MLN, but if other diseases are observed and can be identified record them in the disease column and score plot incidence and severity. If unknown viral symptoms are observed, use the following 6 symptom categories for recording – Unknown virus symptoms – Mosaic; Chlorotic stripes; Yellowing; Necrotic leaf margin; Dead heart; Dead plant
- Sample Table: Take 6 leaf samples, create a bulk and test bulk sample with AgriStrip. Record sample ID's and bulk ID and AgriStrip result. If AgriStrip result is positive, Take another aliquot from same bulk and re-test using another AgriStrip. If both tests are positive re-sample and re-test infected plants. If positive tests are obtained, sample 3-4 surrounding / neighboring plots.
- Only send samples that test +ve with AgriStrips for follow-up ELISA analysis

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