If you suspect coffee leaf rust

1. **First, do not touch or collect diseased plants.**
2. Do take clear photos.

   How to photograph coffee leaf rust:
   - Take photographs of whole plant (refer to Field Guide to Coffee leaf rust pages 3 and 4).
   - Take photographs of upper and lower surface of suspect leaves (refer to Field Guide to Coffee leaf rust pages 5-7).

3. Do not touch or collect diseased plants. Flag or visibly mark the area where the CLR was found. Let everyone (land owner, workers, etc.) know to stay away. Do not move soil, plant materials, or supplies from the location.
4. Submit photos and Coffee Leaf Sampling Form to HDOA.PPC@HAWAII.GOV through e-mail with the Subject: **Suspect Coffee Leaf Rust**
   - We will be in contact on how to proceed.
   - Your information is confidential and will not be shared outside of Hawai'i Department of Agriculture.
5. Decontaminate at site if possible! If you have touched or contaminated your clothing, footwear, hat, etc. with the fungal pathogen or think you may have, shower immediately with soap and water and wash your clothing, footwear, hat, etc. in laundry detergent and dry with high heat. Once decontaminated, then it is safe to travel from your farm or location.

Coffee leaf rust Sampling Form

Please complete this form as it applies and to the best of your ability. Include it with corresponding image(s). Submit only 1 form per farm/location/residence. Your information is confidential and will not be shared outside of Hawai'i Department of Agriculture.

Contact Name:_____

Contact E-mail:_____

Contact Phone:_____

Date collected:_____

Farm name:_____

Address:_____

GPS Coordinates:_____

Location Type (Circle or describe in Other):   Farm   Nursery   Residence   Wild growing

Other:

Disease symptoms or signs (check all that apply):

⬜ Lack of leaves on tree

⬜ Premature leaf drop

⬜ Yellow spots with brown centers on leaves

⬜ Clusters of orange to yellow orange powder/tobiko like substance on lower leaf surface

Number of plants present:_____

- -

This will be filled out by lab.

Received by:_____

Date received:_____

Final ID: _____

Identifier:_____

Date identified:_____

Action taken:

Notes: