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Specialized Section on Standardization
of Seed Potatoes

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Item 5 of the provisional agenda

Draft survey on bacterial testing methodologies

Revised survey on bacterial testing methodologies *

Submitted by the secretariat

The following document was prepared by the delegation from the United States on behalf of the working group. The comments of the working group and the rapporteur have been integrated into this new draft. The Specialized Section is invited to review the draft survey in view of its approval.

This document is submitted according to ECE/CTCS/2017/10 section II c, ECE/CTCS/2018/2 section VII a, and A/74/6 (Sect.20), para 20.37; and Supplementary.

* Submitted on the above date to include all comments from the working group.

1. Is Blackleg a disease problem in potato for certification in your country?
2. Do you have *Pectobacterium* sp. associated with potato blackleg in your country?

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

If yes, specify which *Pectobacteria* are known to occur:

i.	<input type="checkbox"/>	<i>Pectobacterium atrosepticum</i>
ii.	<input type="checkbox"/>	<i>Pectobacterium carotovorum</i> subsp. <i>carotovorum</i>
iii.	<input type="checkbox"/>	<i>Pectobacterium carotovorum</i> subsp. <i>brasiliense</i>
iv.	<input type="checkbox"/>	<i>Pectobacterium carotovorum</i> subsp. <i>odorifera</i>
v.	<input type="checkbox"/>	<i>Pectobacterium wasabiae</i>
vi.	<input type="checkbox"/>	<i>Pectobacterium parmentieri</i>
vii.	<input type="checkbox"/>	Other
viii.	<input type="checkbox"/>	Do not know species

3. Do you have *Dickeya* spp. associated with potato blackleg in your country?

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

If yes, what *Dickeya* species are known to occur?

i.	<input type="checkbox"/>	<i>Dickeya dianthicola</i>
ii.	<input type="checkbox"/>	<i>Dickeya solani</i>
iii.	<input type="checkbox"/>	<i>Dickeya zea</i>
iv.	<input type="checkbox"/>	Other
v.	<input type="checkbox"/>	Do not know species

4. Potato blackleg laboratory testing in your country is:

	<i>Pectobacterium</i> spp.	<i>Dickeya</i> spp.	
	<input type="checkbox"/>	<input type="checkbox"/>	Compulsory for all crops as part of seed potato certification
	<input type="checkbox"/>	<input type="checkbox"/>	Compulsory for all crops with exemptions* under certain conditions
	<input type="checkbox"/>	<input type="checkbox"/>	Voluntary by grower
	<input type="checkbox"/>	<input type="checkbox"/>	For confirmation of visual symptoms
	<input type="checkbox"/>	<input type="checkbox"/>	Not done

*Exemptions may include seed class, generation, variety

5. Blackleg testing is conducted according to the following criteria – check all that apply (*Dickeya* and *Pecto* columns)

	<i>Pectobacterium</i> spp.	<i>Dickeya</i> spp.	
i.	<input type="checkbox"/>	<input type="checkbox"/>	Origin of seed
ii.	<input type="checkbox"/>	<input type="checkbox"/>	Variety
	<input type="checkbox"/>	<input type="checkbox"/>	By Class
iii.	<input type="checkbox"/>	<input type="checkbox"/>	Crop Rotation
iv.	<input type="checkbox"/>	<input type="checkbox"/>	Irrigation source
v.	<input type="checkbox"/>	<input type="checkbox"/>	Customer request
vi.	<input type="checkbox"/>	<input type="checkbox"/>	Inspection history/findings
vii.	<input type="checkbox"/>	<input type="checkbox"/>	Surveillance
viii.	<input type="checkbox"/>	<input type="checkbox"/>	Symptomatic plants

6. Blackleg testing is done by: (Should we divide this into columns too?)

i.	<input type="checkbox"/>	Your organization
ii.	<input type="checkbox"/>	Other governmental laboratory
iii.	<input type="checkbox"/>	University or research institute
iv.	<input type="checkbox"/>	Private laboratory
v.	<input type="checkbox"/>	Laboratory in other country
vi.	<input type="checkbox"/>	Laboratory approved by the CA

7. The criteria to choose the laboratory (tick all that apply)

i.	<input type="checkbox"/>	The reliability of tests
ii.	<input type="checkbox"/>	The rapidity of tests
iii.	<input type="checkbox"/>	The price of the tests
iv.	<input type="checkbox"/>	Third party accreditation
v.	<input type="checkbox"/>	No possibility to choose
vi.	<input type="checkbox"/>	Mandatory requirement to use a particular lab

8. Type of potato tissue tested for blackleg pathogens (tick all that apply)

i.	<input type="checkbox"/>	Microplants
ii.	<input type="checkbox"/>	Stems during growing season
iii.	<input type="checkbox"/>	Tubers

9. Is enrichment used prior to conducting specific tests?

i.	<input type="checkbox"/>	Yes (see 9.1)
ii.	<input type="checkbox"/>	No (see 9.2)

9.1 What methods are used for testing for pathogens causing blackleg disease (with enrichment)?

Pathogen	Type of potato tissue tested		
	Microplants	Stems	Tubers
	Method		
Pectobacterium spp.	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> Selective Media <input type="radio"/> Other	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> Selective Media <input type="radio"/> Other	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> Selective Media <input type="radio"/> Other
Dickeya spp.	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> Selective Media <input type="radio"/> Other	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> Selective Media <input type="radio"/> Other	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> Selective Media <input type="radio"/> Other

9.2 What methods are used for testing for pathogens causing blackleg disease (without enrichment)?

Pathogen	Type of potato tissue tested		
	Microplants	Stems	Tubers
	Method		
Pectobacterium spp.	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> Selective Media <input type="radio"/> Other	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> Selective Media <input type="radio"/> Other	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> Selective Media

			○ Other
Dickeya spp.	○ Not Tested ○ PCR ○ ELISA ○ Selective Media ○ Other	○ Not Tested ○ PCR ○ ELISA ○ Selective Media ○ Other	○ Not Tested ○ PCR ○ ELISA ○ Selective Media ○ Other

9.3 Is incubation of tubers at controlled temperature and humidity used to enhance populations prior to conducting specific tests on tubers?

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

9.4 Please specify the sample size required for microplants, stems and tubers for each blackleg pathogen.

	microplants	Stems	Tubers
Pectobacterium spp.	<input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-400 <input type="checkbox"/> >400 <input type="checkbox"/> 4600	<input type="checkbox"/> 1-50 <input type="checkbox"/> 51-200 <input type="checkbox"/> 201-400 <input type="checkbox"/> >400 <input type="checkbox"/> 4600	<input type="checkbox"/> 1-50 <input type="checkbox"/> 51-200 <input type="checkbox"/> 201-400 <input type="checkbox"/> >400 <input type="checkbox"/> 4600
Dickeya spp.	<input type="checkbox"/> 1-50 <input type="checkbox"/> 50-200 <input type="checkbox"/> 200-400 <input type="checkbox"/> >400 <input type="checkbox"/> 4600*	<input type="checkbox"/> 1-50 <input type="checkbox"/> 50-200 <input type="checkbox"/> 200-400 <input type="checkbox"/> >400 <input type="checkbox"/> 4600	<input type="checkbox"/> 1-50 <input type="checkbox"/> 50-200 <input type="checkbox"/> 200-400 <input type="checkbox"/> >400 <input type="checkbox"/> 4600

*reference

9.5 What is the subsample size for analysis of the samples in question 9.4?

	Subsample size
Pectobacterium spp.	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> >50
Dickeya spp.	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> >50

10. If tuber testing is conducted, what part of the tuber is sampled? (Tick all that apply.)

i.	<input type="checkbox"/>	Peel taken at heel/stolon end
ii.	<input type="checkbox"/>	Plug taken at heel/stolon end
iii.	<input type="checkbox"/>	Peel taken at Rose end
iv.	<input type="checkbox"/>	Plug taken at rose end

11. If ELISA is used in the laboratory, how was it developed? (if not used go to question 9)

i.	<input type="checkbox"/>	In-house
ii.	<input type="checkbox"/>	Commercial Kit
iii.	<input type="checkbox"/>	Other

11.1 If an in-house ELISA Method is used, are you willing to share the method?

i.	<input type="checkbox"/>	Yes*
ii.	<input type="checkbox"/>	No

*To receive information contact

11.2 Commercial ELISA kit method.

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

If yes, please specify supplier.

11.3 Other ELISA Method (If yes, fill in blank)

12. If PCR is used in the laboratory, what is the nucleic acid extraction protocol?

iv.	<input type="checkbox"/>	In-house
v.	<input type="checkbox"/>	Commercial Kit
vi.	<input type="checkbox"/>	Other

12.1 If PCR was developed in-house, what is the reference and/or contact information?

12.2 Commercial kit method for PCR.

- i. ☐ Yes
ii. ☐ No

If yes, please specify supplier.

12.3 If your PCR assay utilizes a commercial kit, what is the kit name and supplier?

12.4 If an in-house PCR method is used, are you willing to share the method?

iii.	<input type="checkbox"/>	Yes
iv.	<input type="checkbox"/>	No

Please supply contact for method

12.5 Commercial kit method for nucleic acid extraction?

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

If yes, please specify supplier.

12.6 Other nucleic acid extraction Method (If yes, fill in blank)

12.7 Are the stems/ tubers pooled/bulked for PCR testing? ☐ Yes ☐ No

13. Please specify the sample size required for stems and tubers.

	Stems	Tubers
<i>Pectobacterium spp.</i>	<input type="checkbox"/> 1-50 <input type="checkbox"/> 51-200 <input type="checkbox"/> 201-400 <input type="checkbox"/> >400 <input type="checkbox"/> 4600	<input type="checkbox"/> 1-50 <input type="checkbox"/> 51-200 <input type="checkbox"/> 201-400 <input type="checkbox"/> >400 <input type="checkbox"/> 4600
<i>Dickeya spp.</i>	<input type="checkbox"/> 1-50 <input type="checkbox"/> 50-200 <input type="checkbox"/> 200-400 <input type="checkbox"/> >400 <input type="checkbox"/> 4600*	<input type="checkbox"/> 1-50 <input type="checkbox"/> 50-200 <input type="checkbox"/> 200-400 <input type="checkbox"/> >400 <input type="checkbox"/> 4600

*reference on testing 0 tolerance

13.1 What is the subsample size for analysis of the samples in question 13?

	Subsample size
<i>Pectobacterium spp.</i>	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> >50
<i>Dickeya spp.</i>	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 50

14. Are the PCR primer sequences published? ☐ Yes ☐ No

Please provide references for the primer sequences

If primer sequences are not published, would laboratory be willing to share sequences and protocols?

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

Contact for primer sequences and protocol

15. Is sequencing used to determine speciation? Put in columns for pecto and dickeya?

	<i>Pectobacterium spp.</i>	<i>Dickeya spp.</i>	
i.	<input type="checkbox"/>	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	<input type="checkbox"/>	No

16. Is *Clavibacter michiganensis* subsp. *sepedonicus* (Bacterial Ring Rot) known to occur in your country?

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

17. *Clavibacter michiganensis* subsp. *sepedonicus* testing in your country is

i.	<input type="checkbox"/>	Compulsory for all crops as part of seed potato certification
ii.	<input type="checkbox"/>	Compulsory for all crops with exemptions* under certain conditions
iii.	<input type="checkbox"/>	Voluntary by grower
iv.	<input type="checkbox"/>	For confirmation of visual symptoms
v.	<input type="checkbox"/>	Surveillance (do above for blackleg)
vi.	<input type="checkbox"/>	Not done

*Exemptions may include seed class, generation, variety

18. *Clavibacter michiganensis* subsp. *sepedonicus* testing is conducted according to the following criteria – check all that apply

i.	<input type="checkbox"/>	Origin of seed
ii.	<input type="checkbox"/>	Variety
iii.	<input type="checkbox"/>	Class
iv.	<input type="checkbox"/>	Crop Rotation
v.	<input type="checkbox"/>	Irrigation source
vi.	<input type="checkbox"/>	Customer request
vii.	<input type="checkbox"/>	Inspection history/findings
viii.	<input type="checkbox"/>	Surveillance
viii.	<input type="checkbox"/>	Symptomatic plants

19. *Clavibacter michiganensis* subsp. *sepedonicus* testing is done by:

i.	<input type="checkbox"/>	Your organization
ii.	<input type="checkbox"/>	Other governmental laboratory
iii.	<input type="checkbox"/>	University or research institute
iv.	<input type="checkbox"/>	Private laboratory
v.	<input type="checkbox"/>	Laboratory in other country
vi.	<input type="checkbox"/>	Laboratory approved by the CA

20. The criteria to choose the laboratory (tick all that apply)

i.	<input type="checkbox"/>	The reliability of tests
ii.	<input type="checkbox"/>	The rapidity of tests
iii.	<input type="checkbox"/>	The price of the tests
iv.	<input type="checkbox"/>	Third party accreditation
v.	<input type="checkbox"/>	No possibility to choose
vi.	<input type="checkbox"/>	Mandatory requirement to use a particular lab

21. Type of potato tissue tested for *Clavibacter michiganensis* subsp. *sepedonicus* (tick all that apply)

i.	<input type="checkbox"/>	Microplants
ii.	<input type="checkbox"/>	Stems during growing season
iii.	<input type="checkbox"/>	Tubers

21.1. Is enrichment used prior to conducting specific tests for *Clavibacter michiganensis* subsp. *sepedonicus*?

i.	<input type="checkbox"/>	Yes (see 21.2)
ii.	<input type="checkbox"/>	No (see 21.3)

21.2 Is incubation of tubers at controlled temperature and humidity used to enhance populations prior to conducting specific tests on tubers? (move up by enrichment question)

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

21.3 What methods are used for testing for *Clavibacter michiganensis* subsp. *Sepedonicus*?

Pathogen	Type of potato tissue tested		
	Microplants	Stems	Tubers
	Method		
<i>Clavibacter michiganensis</i> subsp. <i>sepedonicus</i>	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> IF <input type="radio"/> Selective Media <input type="radio"/> Other	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> IF <input type="radio"/> Selective Media <input type="radio"/> Other	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> IF <input type="radio"/> Selective Media <input type="radio"/> Other

21.4. Please specify the sample size required for microplants, stems and tubers for BRR

	microplants	Stems	Tubers
<i>Clavibacter michiganensis</i> subsp. <i>sepedonicus</i>	<input type="checkbox"/> 1-50 <input type="checkbox"/> 51-200 <input type="checkbox"/> 201-400 <input type="checkbox"/> >400 <input type="checkbox"/> 4600	<input type="checkbox"/> 1-50 <input type="checkbox"/> 50-200 <input type="checkbox"/> 200-400 <input type="checkbox"/> >400 <input type="checkbox"/> 4600	<input type="checkbox"/> 1-50 <input type="checkbox"/> 50-200 <input type="checkbox"/> 200-400 <input type="checkbox"/> >400 <input type="checkbox"/> 4600

21.5 What is the subsample size for analysis of the samples in question 18.4

	Subsample size
<i>Clavibacter michiganensis</i> subsp. <i>sepedonicus</i>	<input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 400

22. If tuber testing is conducted, what part of the tuber is sampled (tick all that apply)?

i.	<input type="checkbox"/>	Peel taken at heel/stolon end
ii.	<input type="checkbox"/>	Plug taken at heel/stolon end
iii.	<input type="checkbox"/>	Peel taken at Rose end
iv.	<input type="checkbox"/>	Plug taken at rose end

23. If ELISA is used in the laboratory for *Clavibacter michiganensis* subsp. *sepedonicus* how was it developed? (Same changes as for blackleg pathogens, add IF)

i.	<input type="checkbox"/>	In-house
ii.	<input type="checkbox"/>	Commercial Kit
iii.	<input type="checkbox"/>	Other
iv.	<input type="checkbox"/>	Not used

23.1 If an in-house method is used, are you willing to share the method?

v.	<input type="checkbox"/>	Yes
vi.	<input type="checkbox"/>	No

23.2. Commercial kit method.

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

If yes, please specify supplier.

23.3 Other ELISA Method (If yes, fill in blank)

24. If nucleic acid extraction is used in the laboratory for *Clavibacter michiganensis* subsp. *sepedonicus* how was it developed? (change to same as for blackleg extraction)

v.	<input type="checkbox"/>	In-house
vi.	<input type="checkbox"/>	Commercial Kit
vii.		Crude sample (no extraction)
viii.	<input type="checkbox"/>	Other
ix.	<input type="checkbox"/>	Not used

24.1 If an in-house PCR method is used, are you willing to share the method (as above)?

vii.	<input type="checkbox"/>	Yes
viii.	<input type="checkbox"/>	No

24.2. Commercial kit method for PCR (as above)

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

If yes, please specify supplier.

24.3 Other PCR Method (If yes, fill in blank)

25. Are the tubers/stems pooled/bulked for PCR testing? ☐ Yes ☐ No

If yes, what is the total number of subsamples for: (Add tables for sample sizes back in.)

26. Are the PCR primer sequences published? ☐ Yes ☐ No

Please provide references for the primer sequences

If primer sequences are not published, would laboratory be willing to share sequences and protocols?

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

27. Is sequencing used to determine speciation?

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

28. Is *Ralstonia solanacearum* (Brown Rot) known to occur in your country?

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

29. Testing for *Ralstonia* species complex associated with brown rot in your country is?
(make same changes as for *Clavibacter*)

i.	<input type="checkbox"/>	Compulsory for all crops as part of seed potato certification
ii.	<input type="checkbox"/>	Compulsory for all crops with exemptions* under certain conditions
iii.	<input type="checkbox"/>	Voluntary by grower
iv.	<input type="checkbox"/>	For confirmation of visual symptoms
v.	<input type="checkbox"/>	Surveillance (do above for blackleg)
vi.	<input type="checkbox"/>	Not done

30. *Ralstonia solanacearum* testing is conducted according to the following criteria –
check all that apply

i.	<input type="checkbox"/>	Origin of seed
ii.	<input type="checkbox"/>	Variety
iii.	<input type="checkbox"/>	Crop Rotation
iv.	<input type="checkbox"/>	Irrigation
v.	<input type="checkbox"/>	Customer request
vi.	<input type="checkbox"/>	Inspection history/findings
vii.	<input type="checkbox"/>	Surveillance
viii.	<input type="checkbox"/>	Symptomatic plants

31. *Ralstonia solanacearum* testing is done by:

vii.	<input type="checkbox"/>	Your organization
viii.	<input type="checkbox"/>	Other governmental laboratory
ix.	<input type="checkbox"/>	University or research institute
x.	<input type="checkbox"/>	Private laboratory
xi.	<input type="checkbox"/>	Laboratory in other country
xii.	<input type="checkbox"/>	Laboratory approved by the CA

32. The criteria to choose the laboratory (tick all that apply)

vii.	<input type="checkbox"/>	The reliability of tests
viii.	<input type="checkbox"/>	The rapidity of tests
ix.	<input type="checkbox"/>	The price of the tests
x.	<input type="checkbox"/>	Third party accreditation
xi.	<input type="checkbox"/>	No possibility to choose
xii.	<input type="checkbox"/>	Mandatory requirement to use a particular lab

33. Type of potato tissue tested for *Ralstonia solanacearum* (tick all that apply)

iv.	<input type="checkbox"/>	Microplants
v.	<input type="checkbox"/>	Stems during growing season
vi.	<input type="checkbox"/>	Tubers
vii.	<input type="checkbox"/>	Both stems and tubers

33.1. Is enrichment used prior to conducting specific tests for *Ralstonia solanacearum*:?

i.	<input type="checkbox"/>	Yes (see 6.2)
ii.	<input type="checkbox"/>	No (see 6.3)

33.2. What methods are used for testing for *Ralstonia solanacearum* (with enrichment)?

Pathogen	Type of potato tissue tested		
	Microplants	Stems	Tubers
	Method		
<i>Ralstonia solani</i>	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> Selective Media <input type="radio"/> Other	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> Selective Media <input type="radio"/> Other	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> Selective Media <input type="radio"/> Other

33.3 What methods are used for testing for *Ralstonia solanacearum* (without enrichment)?

Pathogen	Type of potato tissue tested		
	Microplants	Stems	Tubers
	Method		
<i>Ralstonia solani</i>	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> Selective Media <input type="radio"/> Other	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> Selective Media <input type="radio"/> Other	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> Selective Media <input type="radio"/> Other

33.4 Is incubation of tubers at controlled temperature and humidity used to enhance populations prior to conducting specific tests on tubers?

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

33.5 Method used for postharvest bacterial pathogen testing of tubers after incubation.

Pathogen	Method
<i>Ralstonia solani</i>	<input type="radio"/> Not Tested <input type="radio"/> PCR <input type="radio"/> ELISA <input type="radio"/> Selective Media <input type="radio"/> Other

33.6. Please specify the sample size required for microplants, stems and tubers for *Ralstonia solanacearum*

	microplants	Stems	Tubers
<i>Ralstonia solani</i>	<input type="checkbox"/> 1-50 <input type="checkbox"/> 50-200 <input type="checkbox"/> 200-400 <input type="checkbox"/> >400 <input type="checkbox"/> 4600	<input type="checkbox"/> 1-50 <input type="checkbox"/> 50-200 <input type="checkbox"/> 200-400 <input type="checkbox"/> >400 <input type="checkbox"/> 4600	<input type="checkbox"/> 1-50 <input type="checkbox"/> 50-200 <input type="checkbox"/> 200-400 <input type="checkbox"/> >400 <input type="checkbox"/> 4600

33.7 What is the subsample size for analysis of the samples in question 18.6?

	Subsample size
<i>Ralstonia solani</i>	<input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 400

34. If tuber testing is conducted, what part of the tuber is sampled? (repeat under each group of pathogen)

i.	<input type="checkbox"/>	Peel taken at heel/stolon end
ii.	<input type="checkbox"/>	Plug taken at heel/stolon end
iii.	<input type="checkbox"/>	Both plug and peel
iv.	<input type="checkbox"/>	Peel taken at Rose end
v.	<input type="checkbox"/>	Plug taken at rose end

35. If ELISA is used in the laboratory for *Ralstonia solanacearum*, how was it developed?

i.	<input type="checkbox"/>	In-house
ii.	<input type="checkbox"/>	Commercial Kit
iii.	<input type="checkbox"/>	Other
iv.	<input type="checkbox"/>	Not used

35.1 If an in-house method is used, are you willing to share the method?

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

35.2 Commercial kit method.

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

If yes, please specify supplier.

35.3 Other ELISA Method (If yes, fill in blank)

36. If PCR is used in the laboratory for *Ralstonia solanacearum* how was it developed?

i.	<input type="checkbox"/>	In-house
ii.	<input type="checkbox"/>	Commercial Kit
iii.	<input type="checkbox"/>	Other
iv.	<input type="checkbox"/>	Not used

36.1 If an in-house PCR method is used, are you willing to share the method?

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

36.2 Commercial kit method for PCR

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

If yes, please specify supplier.

36.3 Other PCR Method (If yes, fill in blank)

37. Are the tubers/stems pooled/bulked for PCR testing? ☐ Yes ☐ No

If yes, what is the total number of subsamples for

Stem samples:

Tuber samples:

38. Are the PCR primer sequences published? ☐ Yes ☐ No

Please provide references for the primer sequences

If primer sequences are not published, would laboratory be willing to share sequences and protocols?

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

39. Is sequencing used to determine speciation?

i.	<input type="checkbox"/>	Yes
ii.	<input type="checkbox"/>	No

40. How does the authority use the lab result? Tick only those that apply

	Certification	Grower Information	Surveillance	Zero tolerance
<i>Pectobacterium spp.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Dickeya solani</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other <i>Dickeya spp.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Ralstonia solanacearum</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Clavibacter michiganensis subsp. sepedonicus</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional explanation

Quality Assurance

41. Is the laboratory accredited/approved for the above tests? **(Put in table with spp. And zero tolerance pathogens.)**

Yes ☐ No ☐

42. Does the laboratory have an internal Quality Control system?

☐ Yes ☐ No

43. Has the laboratory validated their PCR bacterial pathogen testing method?

According to pathogen

☐ Yes ☐ No ☐ In progress (Add in box for NA)

43.1 Have the PCR methods used for certification been independently validated/accredited? According to pathogen

43.2 Does the laboratory participate in any ring tests/ proficiency tests of potato bacterial pathogen testing by PCR? According to pathogen

☐ Yes ☐ No

44. Does the seed potato certification authority audit the laboratory and testing procedures? (according to pathogen)

Laboratory: ☐ Yes ☐ No

Testing Procedures: ☐ Yes ☐ No
