**FHB Integrated Management CP Trials Summary Form**

**Name:**

**Institution:**

1. For each FHB management trial you establish as part of this project (a trial is defined here as a unique location, grain market class, and/or cropping rotation (e.g. wheat after corn)), please indicate the following: location; grain class (B (barley), D (durum), HWW (hard winter wheat), HRSW (hard red spring wheat), HWSW (hard white spring wheat), SWW (soft winter wheat); mist-irrigation (yes/no); inoculation method (grain spawn (G), macroconidial spray (M), none (N)); number of cultivars/genotypes (total and in each FHB resistance class); number of treatments (TRT) (a treatment is defined here as a unique fungicide product, biocontrol product, rate, or timing, or combination thereof); number of replications; total number of plots, and plot size (provide plot width and length in feet).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Location** | **Grain Class**  (use coding indicated above) | **Mist Irrigated**  **(Y/N)** | **Inoculation method**  **(G, M or N)** | **Number of cultivars** | | | | **No. of TRT** | **Reps** | **Total number of plots** | **Plot size** |
| **Total** | **Cultivar distribution across resistance class** | | |
| MR | MS | S |
| *Example*  East Lansing, MI | HRSW | Y | M | 4 | 2 | 1 | 1 | 6 | 4 | 96 | 5 x 20 |
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1. Of the cultivars/genotype tested, how many are **new releases** (less than three years in commercial production) and how many are **advanced breeding lines** from your local and/or regional breeding program(s)?

New releases:

Advanced breeding lines:

1. Core and Optional Treatments

Do you plan to include all core treatments?

Do you plan to include any of the optional treatments?

If you are deviating from the core treatments or are including optional treatments, please provide the specifics of those treatment(s) (see example below)?

*Example:* An additional treatment(s) for the HRSW trial has been added:

Miravis Ace® (13.7 fl oz/A) applied at anthesis followed by Prosaro® (6.5 fl oz/A) applied 7 DPA

1. Do you intend to submit grain samples for all of the experiments (listed in Question 1) for DON analysis, provided there was significant FHB observed in the trial?
2. How important do you consider the following to be for your current and future research to successfully evaluate the efficacy of FHB management strategies (1 = very important, 5 = not important at all)?  
   (Check one rating for each item, where 1= very important, 5=not important at all)

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| --- | --- | --- | --- | --- | --- |
|  | Very important **1** | **2** | **3** | **4** | Not important at all  **5** |
| **Current Program** | | | | | |
| Accurate disease and DON quantification |  |  |  |  |  |
| Fungicide application method/technology |  |  |  |  |  |
| Artificial inoculation and mist irrigation |  |  |  |  |  |
| Number and size of plots |  |  |  |  |  |
| Number of locations |  |  |  |  |  |
| Working with breeder |  |  |  |  |  |
| Working with agronomist |  |  |  |  |  |
| **Future Needs** | | | | | |
| More efficient disease assessment methods |  |  |  |  |  |
| New/more FHB resistance cultivars |  |  |  |  |  |
| Improved inoculation and mist-irrigation systems |  |  |  |  |  |
| More efficient sampling methods |  |  |  |  |  |
| More support for data collection |  |  |  |  |  |