**What can you do to avoid BRR?**

One of the main reasons we are preparing this material is to remind the industry that the best BRR protection currently available is to have your seed tested using a laboratory method. The realtime PCR test is currently considered to be the best but ELISA testing also works well and has the advantage of being faster and less expensive.

One frequently asked question is: How many tubers should I test per seed lot? If you are a seed producer do not consider latent testing of seed lots at any number lower than 4000 tubers per seed lot. The same large sample number is recommended for commercial producers if they wish to obtain the best assurance that the seed they'll be using is free from BRR. Lower sample numbers, like 1200, which was the level utilized by many growers last year, can still help to identify potentially problem seed lots but may not provide the extra safety margin needed for seed production.

**You can arrange for seed lot testing by calling Sherry Laug at the Idaho Crop Improvement Association in Idaho Falls (208-522-9198), Kasia Kinser at the NDSU Plant Diagnostic Lab in Fargo, ND (701-231-7854) or Elizabeth Kmieciak at Agdia Testing Services in Elkhart, IN (1-800-622-4342). Because of the logistics involved when dealing with whole tuber samples, the ICIA and NDSU testing labs will only be accepting tuber core samples this year and will be unable to work with shipments of whole tubers. Agdia is willing to work with whole tuber samples but be sure to make arrangements beforehand.**

The University of Idaho is still accepting suspect samples for BRR diagnosis and will be continuing to do so year around. You should contact Phillip Nolte at Idaho Falls (208 529 8376), Nora Olsen at Kimberly (208 423-6634) or Mike Thornton at Parma (208-722-6701). **PLEASE DO NOT BRING ANY SUSPECTED BRR SAMPLES TO THE ABERDEEN OR TETONIA STATIONS!** Upon confirmation of a BRR-positive sample, we will follow up with information on how to properly clean up and disinfect the affected farming operation to avoid future self-inflicted outbreaks of the disease in those operations.