

Office use:
Date Rcv'd: _____
Sample #: _____

Plant Disease Form

See "How to submit a sample"



OREGON STATE UNIVERSITY
EXTENSION SERVICE

Date Submitted: _____

Grower _____	Submitter _____
Street/Box _____	Street/Box _____
City _____ Zip _____	City _____ Zip _____
County _____	County _____
Phone _____	Phone _____ Fax _____

Send bill to: Grower Submitter **Bill to account #:** _____ **E-mail address:** _____
Send reply to: Grower Submitter **Send reply via:** ___ Mail ___ Fax ___ e-mail

Information about Grower and Submitter (check one for each)

Grower	Submitter	Grower	Submitter
<input type="checkbox"/>	<input type="checkbox"/> Extension agent	<input type="checkbox"/>	<input type="checkbox"/> Nursery/Garden center
<input type="checkbox"/>	<input type="checkbox"/> Home gardener	<input type="checkbox"/>	<input type="checkbox"/> Lawn/Tree care company
<input type="checkbox"/>	<input type="checkbox"/> Farmer	<input type="checkbox"/>	<input type="checkbox"/> Private Consultant
<input type="checkbox"/>	<input type="checkbox"/> Dealer/Distributor	<input type="checkbox"/>	<input type="checkbox"/> Greenhouse
<input type="checkbox"/>	<input type="checkbox"/> Golf course	<input type="checkbox"/>	<input type="checkbox"/> Other: _____

Plant _____ **Variety** _____

Sample came from (choose one):

<input type="checkbox"/> Yard/landscape	<input type="checkbox"/> Field/farm
<input type="checkbox"/> Christmas tree farm	<input type="checkbox"/> Lawn
<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Orchard
<input type="checkbox"/> Vegetable garden	<input type="checkbox"/> Nursery
<input type="checkbox"/> Golf course/sod farm	<input type="checkbox"/> Other _____

Date Planted: _____

Number of years at present site: _____

Previous crops: _____

Acreage: _____ **% Affected:** _____ **Number of plants affected:** _____

Exposure: full sun partial shade full shade windy protected

Distribution of affected plants: single plant grouped scattered edge of field

Soil characteristics: sandy clay silt loam organic hard pan

Irrigation type and frequency: _____

Chemicals applied, including fertilizers (rates): _____

Date damage was first noticed: _____

What is your concern? (Please include symptoms, plant part affected, recent unusual weather, etc.)

Have you consulted other labs/specialists regarding this problem? yes no

If yes, please list who was consulted and what was concluded.

Tentative diagnosis: _____

I agree to pay a minimum charge of \$40.00 for this service; fees may be greater depending on the tests performed. [Signature is required before sample can be processed] (Signature) _____