Accurate and complete diagnoses depend on submission of an appropriate specimen with thorough background information. Complete this form and submit with the sample. Refer to the back of this form for sampling and mailing instructions. Incomplete information or a poor sample may lead to an inaccurate diagnosis.

PLEASE PRINT

GROWER ______________________________________
Address __________________________________________________
Street Address ________________________________________________________________________________
County __________________________________
City                                                                                                          Zip
Phone ________________________________ Fax _____________________ E-Mail __________________________________
Grower is ❑ Extension agent ❑ Farmer ❑ Nursery/Garden Center ❑ Home gardener ❑ Lawn/Tree Care Co. ❑ Golf Course
❑ Greenhouse ❑ Private Consultant ❑ Dealer Distributor ❑ Other
Submitter____________________________________
Address __________________________________________________
Street Address ________________________________________________________________________________
County __________________________________
City                                                                                                          Zip
Phone ________________________________ Fax ____________________ E-Mail ___________________________________
Submitter is ❑ Extension agent ❑ Farmer ❑ Nursery/Garden Center ❑ Home gardener ❑ Lawn/Tree Care Co. ❑ Golf Course
❑ Greenhouse ❑ Private Consultant ❑ Dealer Distributor ❑ Other

Send Bill to: ❑ Submitter ❑ Grower
Send Reply to: ❑ Submitter ❑ Grower
Send Reply Via: ❑ Mail ❑ Fax ❑ E-mail

Account # / PO: ____________________________

Plant _________________________________ Variety ____________________________ Date planted ____________

Sample came from: ❑ Yard/landscape ❑ Field/Farm
❑ Orchard ❑ Nursery ❑ Greenhouse ❑ Vegetable garden
❑ Christmas tree farm ❑ Golf course/sod farm ❑ Lawn
❑ Other

Exposure: ❑ full sun ❑ partial shade ❑ full shade
❑ windy ❑ protected

Soil Characteristics: ❑ sandy ❑ clay ❑ loam ❑ organic
❑ hard pan

Irrigation type and frequency: _______________________________________________________________________

Date damage first noticed: _________________________
Number of years at present site: ____________________
Acreage: __________________ % Affected: __________
Number of plants affected (for potted plants) _______

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

Previous crops: __________________________________________

Chemicals applied, including fertilizers (rates): _________________________________________________________

What is your concern? (Please include symptoms, and plant part affected).
__________________________________________________________________________________________________
__________________________________________________________________________________________________

If you have consulted other labs, what was concluded? __________________________________________________

Tentative Diagnosis: ________________________________________________________________________________

I agree to pay a minimum of $45.00 for this service; fees may be greater depending on the tests performed.
(Signature is required before sample can be processed)

Signature ____________________________ Printed Name ________________________ Submission Date_________

Office use:
Date Rec'd ____________
Sample # ____________
DDDI # ____________

Plant Disease Form

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PLEASE PRINT