



EXTENSION

Plant Disease Sample Submission Form

Mail samples and payment to: MSU Extension Plant Diagnostic Lab
405 Garrard Rd. East, Mailstop 9612
Mississippi State, MS 39762

Phone: 662-325-2146 FAX: 662-325-8336 <http://extension.msstate.edu/lab>

Submitter Contact Information

Name: _____
Company name (if commercial): _____
Address: _____
City: _____ County: _____ State/Zip: _____
Phone: _____ FAX: _____
Email: _____

Submitter is MSU Extension Homeowner Farmer Lawn/tree care co.
 Golf course Consultant Nursery/greenhouse/garden center
 State/Federal agent University research Other

Send results to: Submitter Grower **Send results via:** Email Standard mail FAX Send copy to Extension agent

Method of payment: Payment enclosed Bill university account #: _____
 Send invoice to: _____ Billing address: _____

Grower Contact Information (if different from submitter)

Name: _____
Company name (if commercial): _____
Address: _____
City: _____ County: _____ State/Zip: _____
Phone: _____ FAX: _____
Email: _____

Grower is MSU Extension Homeowner Farmer Lawn/tree care co.
 Golf course Consultant Nursery/greenhouse/garden center
 State/Federal agent University research Other

The MSU Plant Diagnostic Laboratory accepts payment in the form of check or money order. To pay with a credit card, you must have an active account with Mississippi State University. If you would like to set up an account with MSU, please contact the lab or go to <http://extension.msstate.edu/lab> to download an application.

<p>Test requested (check one):</p> <p><input type="checkbox"/> Disease ID \$10 \$20</p> <p><input type="checkbox"/> Golf turf \$25 \$35</p>	<p>Fee per sample: MS Out of state</p>	<p>Disease Symptoms</p> <p><input type="checkbox"/> Leaf spot <input type="checkbox"/> Ring spot/shot-hole <input type="checkbox"/> Scorch/burn <input type="checkbox"/> Malformation <input type="checkbox"/> Stunting <input type="checkbox"/> Leaf/needle drop <input type="checkbox"/> Wilting <input type="checkbox"/> Yellowing <input type="checkbox"/> Yellowing b/w veins <input type="checkbox"/> Discolored veins <input type="checkbox"/> Canker/lesion <input type="checkbox"/> Cracks <input type="checkbox"/> Galls <input type="checkbox"/> Dieback <input type="checkbox"/> Rot <input type="checkbox"/> Fungus/mold <input type="checkbox"/> Gum/slime/ooze <input type="checkbox"/> Other:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Affected Parts</p> <p><input type="checkbox"/> Whole plant <input type="checkbox"/> Twigs/branches <input type="checkbox"/> Stem/trunk <input type="checkbox"/> Petiole <input type="checkbox"/> Leaves/needles <input type="checkbox"/> Flower/bract/bud <input type="checkbox"/> Fruit/veg/seed/nut/pod/cone <input type="checkbox"/> Growing tips <input type="checkbox"/> Roots/stolons/rhizomes <input type="checkbox"/> Storage root (tuber/bulb/corm) <input type="checkbox"/> Seedling/plugs</p>	<p>Distribution on Site</p> <p><input type="checkbox"/> single plant <input type="checkbox"/> full sun <input type="checkbox"/> widespread <input type="checkbox"/> part shade <input type="checkbox"/> localized <input type="checkbox"/> full shade <input type="checkbox"/> grouped <input type="checkbox"/> windy <input type="checkbox"/> scattered <input type="checkbox"/> protected <input type="checkbox"/> edge of field</p>	<p>Additional Information</p> <p>How long has plant been on site?</p> <p>When was damage first noticed?</p> <p>% acreage affected (if applicable):</p> <p>No. of plants affected:</p> <p>Approx. age of plants:</p>
<p>Type of plant: _____ Collection date: _____</p> <p>County/State samples collected from: _____</p> <p>Describe the nature and extent of the problem:</p>		<p>Distribution on Plant</p> <p><input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> New growth <input type="checkbox"/> Old growth <input type="checkbox"/> One side of plant <input type="checkbox"/> Scattered</p>		<p>Media Type</p> <p><input type="checkbox"/> sandy <input type="checkbox"/> hard pan <input type="checkbox"/> loam <input type="checkbox"/> soilless mix <input type="checkbox"/> clay <input type="checkbox"/> hydroponic</p> <p>Watering</p> <p>Irrigation? <input type="checkbox"/> yes <input type="checkbox"/> no Frequency:</p>	
		<p>Chemicals/fertilizers: Give rate and date(s) of application.</p>		<p>For Lab Use Only</p> <p>Date received _____</p> <p>Date report sent _____</p> <p>Database no. _____</p> <p>Ck # _____ Amt. _____</p> <p>Amt. Due _____</p>	

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