



EXTENSION

Plant Disease Sample Submission Form

Mail samples and payment to MSU Extension Plant Diagnostic Lab

Mail samples and payment to:
 MSU Extension Plant Diagnostic Lab
 405 Garrard Rd. East, Mailstop 9612
 Starkville, MS 39759
 Phone: 662-325-2146
 FAX: 662-325-8336

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/garden center
 State/Federal agent University research Other: _____

Send results to: Submitter Grower

Method of payment: Payment enclosed Bill university account #: _____
 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/garden center
 State/Federal agent University research Other: _____

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

Send invoice to: _____

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.

Contact the Extension Plant Diagnostic Lab directly for information on how to set up an account with MSU.

Test Requested

(check one):
 Disease ID
 Golf Turf

Fee per sample:

| | MS | Out of State |
|------------|------|--------------|
| Disease ID | \$10 | \$20 |
| Golf Turf | \$25 | \$35 |

Type of plant: _____

Collection date: _____

County/State samples collected from: _____

Describe the nature and extent of the problem: _____

Disease Symptoms

Leaf spot
 Ring spot/shot-hole
 Scorch/burn
 Malformation
 Stunting
 Leaf/needle drop
 Wilting
 Yellowing
 Yellowing b/w veins
 Discolored veins
 Canker/lesion
 Cracks
 Galls
 Dieback
 Rot
 Fungus/mold
 Gum/slime/ooze
 Other: _____

Affected Parts

Whole plant
 Twigs/branches
 Stem/trunk
 Petiole
 Leaves/needles
 Flower/bract/bud
 Fruit/veg/seed/nut/pod/cone
 Growing tips
 Roots/stolons/rhizomes
 Storage root (tuber/bulb/corm)
 Seedling/plugs

Distribution on Plant

| | |
|-------------------|------------|
| Top | Bottom |
| New growth | Old growth |
| One side of plant | Scattered |

Chemicals/fertilizers: Give rate and date(s) of application.

Distribution on Site

| | |
|---------------|------------|
| single plant | full sun |
| widespread | part shade |
| localized | full shade |
| grouped | windy |
| scattered | protected |
| edge of field | |

Media Type

| | |
|-------|--------------|
| sandy | hard pan |
| loam | soilless mix |
| clay | hydroponic |

Watering

Irrigation? yes no
 Frequency: _____

Additional Information

How long has plant been on site?

When was damage first noticed?

% acreage affected (if applicable):

No. of plants affected:

Approx. age of plants:

For Lab Use Only

Date received _____
 Date sent _____
 Database no. _____
 Ck # _____
 Amt. _____ Amt. Due _____

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