

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: _____

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.

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

Test Requested Fee per sample:
(check one): 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: _____

Test Requested	Fee per sample:	Disease Symptoms	Affected Parts	Distribution on Site	Additional Information	
(check one):	MS Out of State	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: _____	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	single plant widespread localized grouped scattered edge of field	full sun part shade full shade windy protected	How long has plant been on site?
Disease ID	\$10 \$20				When was damage first noticed?	
Golf Turf	\$25 \$35				% acreage affected (if applicable):	
Type of plant:					No. of plants affected:	
Collection date:					Approx. age of plants:	
County/State samples collected from:						
Describe the nature and extent of the problem:						
		Distribution on Plant	Media Type	Watering	For Lab Use Only	
		top new growth one side of plant	bottom old growth scattered	Irrigation? yes Frequency: _____	Date received _____ Date sent _____ Database no. _____ Ck # _____ Amt. _____ Amt. Due _____	
		Chemicals/fertilizers:	Give rate and date(s) of application.			

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