



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: _____

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

Send invoice to: _____

Test Requested

(check one):

Disease ID

Golf Turf

Fee per sample:

MS Out of State

\$10 \$20

\$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 _____

Mississippi State University is an equal opportunity institution. Discrimination is prohibited in university employment, programs, or activities based on race, color, ethnicity, sex, pregnancy, religion, national origin, disability, age, sexual orientation, genetic information, status as a U.S. veteran, or any other status to the extent protected by applicable law. Questions about equal opportunity programs or compliance should be directed to the Office of Civil Rights Compliance, 231 Famous Maroon Band Street, P.O. 6044, Mississippi State, MS 39762.

Extension Service of Mississippi State University, cooperating with U.S. Department of Agriculture. Published in furtherance of Acts of Congress, May 8 and June 30, 1914. ANGUS L. CATCHOT JR., Director F1139 (11-25)