



Plant Disease Sample Submission Form

Mail samples and payment to: MSU Extension Plant Diagnostic Lab
 190 Bost North, Rm. 09, Box 9612
 Mississippi State, MS 39762

EXTENSION

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.

Tests requested (check all that apply):
 (Fee: In-state/out-of-state)

- Disease ID (\$10/\$20/sample)
- Golf turf (\$25/\$35/sample)
- Fescue endophyte test (\$25/\$25/sample)
- MSU research (\$6/sample)

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

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:

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

For Lab Use Only

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

We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.