

- Insect
- Nematode
- Plant ID
- Disease
- Other

Fee paid: \$ _____

SPECIMEN FOR DETERMINATION

- DIAGNOSIS IS BASED ON THE INFORMATION AND SAMPLE PROVIDED -

OWNER/CONSIGNEE: _____ TELEPHONE: _____

MAILING ADDRESS: _____ SAMPLE (A): _____

CITY, STATE, ZIP: _____ SAMPLE (B): _____

EMAIL RESULTS TO: _____ SAMPLE (C): _____

_____ SAMPLE (D): _____

Location/Address where sample(s) found: _____

Please check which apply:

- Residential
- Landscape Maintenance
- Other: _____
- Nursery
- Commercial Grower

ENTOMOLOGY (INSECT):

- Alive
- Dead

Host(s)/Location found: _____

Chemical/Fertilizers applied: _____

PLANT PATHOLOGY (DISEASE):

- | | | | | |
|--------------------------------------|---------------------------------------------|------------------------------------|----------------------------------------------|---------------------------------------------|
| Grown in: | Watering Schedule: | Planted on/in: | Soil texture: | Soil drainage: |
| <input type="checkbox"/> Sun | <input type="checkbox"/> Daily | <input type="checkbox"/> Ground | <input type="checkbox"/> Sand | <input type="checkbox"/> Well drained |
| <input type="checkbox"/> Shade | <input type="checkbox"/> Weekly | | <input type="checkbox"/> Loam | <input type="checkbox"/> Moderately drained |
| <input type="checkbox"/> Partial | <input type="checkbox"/> Monthly | <input type="checkbox"/> Container | <input type="checkbox"/> Clay | <input type="checkbox"/> Poorly drained |
| <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Only when it rains | | <input type="checkbox"/> Decomposed granite | <input type="checkbox"/> Standing water |
| <input type="checkbox"/> Shade house | <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Commercial soil mix | <input type="checkbox"/> Hardpan |
| <input type="checkbox"/> Indoor | | | | |

Last applied: _____

Rate/Dosage: _____

Describe problem/situation: _____

- Please allow at least 10 – 14 days for results -

*** OFFICE AND LABORATORY USE ONLY ***

Inspector: _____ Date received: _____ Received by: _____

Please copy inspector Lab number: _____

DIAGNOSIS:

Determined by: _____

Date: _____