

**DIAGNOSTIC SERVICES**

101 Center for Integrated Plant Systems

East Lansing, MI 48824-1311

Office: 517-355-4536 FAX: 517-432-0899

www.cips.msu.edu/diagnostics



Case No.: \_\_\_\_\_

Date Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check/Receipt No.: \_\_\_\_\_

Send Bill To:  Client  County

Name (client): \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work: ( ) FAX: ( ) Home: ( )

Email: \_\_\_\_\_ Sample Reference: \_\_\_\_\_

**Plant Disease Diagnosis Fees**

Plant health analysis: \$15

INSV / TSWV ELISA tests: \$15

Bacterial ID (BIOLOG™): \$20

**Insect / Plant Identification Fees**

Common ID: N/C

Keyout ID: \$10

Special ID/diagnosis (Per hour charge): \$50

**Nematode Sample Fees** (see below)

Out of state fees doubled.

**SEND RESULTS TO:**  CLIENT  COUNTY AGENT  KEEP RESULTS CONFIDENTIAL Fax: ( )

MSU Extension Agent: \_\_\_\_\_ County: \_\_\_\_\_ Email: \_\_\_\_\_

**SAMPLE TYPE** (plant type and variety, if known): \_\_\_\_\_**GENERAL INFORMATION** (indicate all that apply)**PLANT PARTS AFFECTED**

Entire Plant Stems  
Leaves/Needles Twigs/Limbs  
Roots Trunk  
Fruit Flowers

**TYPE OF PLANTING**

Field Garden  
Nursery House Plant  
Greenhouse Pasture  
Orchard Natural Area  
Turf/Lawn City/Recreation

**PROBLEM DISTRIBUTION**

Upland Near Drive/Road  
Slopes Edge of Field  
Low Areas Near a Residence

**HERBICIDE HISTORY**

This year: \_\_\_\_\_

Last year: \_\_\_\_\_

**NATURE OF THE INJURY**

Poor or Abnormal Growth  
Spots  
Wilting Yellowing  
Plant Death Boring  
Leaf/Needle Drop Cupping  
Chewing Dieback  
Rot Galls/Cankers

**PREVALENCE**

Entire Planting  
Single Localized Area  
Several Localized Areas  
Few Scattered Plants

How long at site?

Height of plant?

How many plants affected?

How often watered?

How fertilized?

Sunny or Shaded?

**INSECTICIDE HISTORY**

This year: \_\_\_\_\_

**FUNGICIDE HISTORY**

This year: \_\_\_\_\_

**CROP HISTORY**

Last year: \_\_\_\_\_

This year: \_\_\_\_\_

Next year: \_\_\_\_\_

**SOIL TYPE**

Sandy Clay  
Muck Silt Loam

**EXTENT OF THE DAMAGE**

Light Moderate Severe

**DRAINAGE**

Good Fair Poor

**INSECT / ARTHROPOD ID SAMPLES ONLY** (indicate all that apply)

Where was the insect found? \_\_\_\_\_ What was the insect doing there? \_\_\_\_\_

How many insects are there? One Few Several Hundreds Do you have small children living with you? \_\_\_\_\_

**PLANT / WEED ID SAMPLES ONLY** (indicate all that apply)

| PLANT TYPE |             | PLANT SIZE             | GROWTH HABIT          | FLOWERS                         | PLANT AGE        |
|------------|-------------|------------------------|-----------------------|---------------------------------|------------------|
| Tree       | Groundcover | Height: _____          | Upright/Erect         | Color: _____                    | Annual: _____    |
| Shrub      | Herbaceous  | Width: _____           | Prostrate/Low-Growing | Size: _____                     | Perennial: _____ |
| Vine       | Aquatic     | Few Leaves Many Leaves | Climbing              | List any unique features: _____ |                  |

**NEMATODE SAMPLES ONLY** (indicate type of analysis requested) Soil and root analysis for root-feeding nematodes (\$15/sample) Foliar nematode analysis (\$15/sample) Total nematode community structure analysis (\$50/sample)*Verticillium dahliae* analysis Dilution (\$10/sample) Wet-sieving (\$15/sample) Both (\$25/sample)

No. of samples: \_\_\_\_\_

Sample/Field ID: \_\_\_\_\_

**USE REVERSE SIDE FOR ADDITIONAL INFORMATION REGARDING SAMPLE**