

**Michigan State University**

**Plant & Pest Diagnostics**

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Email: [pestid@msu.edu](mailto:pestid@msu.edu)  
Website: [www.pestid.msu.edu](http://www.pestid.msu.edu)



**Lab Use Only**

Case # \_\_\_\_\_  
Date received \_\_\_\_\_  
Amount paid \_\_\_\_\_  
Check/receipt # \_\_\_\_\_  
Diagnostic fee \_\_\_\_\_

**Submitter**

Name \_\_\_\_\_  
Business \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Email address \_\_\_\_\_

**Send results to**  Submitter  Grower/Other

**Grower/Other (if applicable)**

Name \_\_\_\_\_  
Business \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Email address \_\_\_\_\_

**Send invoice to**  Submitter  Grower/Other

**MSU account #** \_\_\_\_\_

**Plant or sample type:** \_\_\_\_\_

State county where sample was collected \_\_\_\_\_ Sample reference \_\_\_\_\_

Describe symptoms or injury \_\_\_\_\_

When did symptoms first appear? \_\_\_\_\_

**Plant parts affected**

- Entire plant  Trunk/stem
- Leaves/needles  Roots
- Twigs/limbs  Fruit
- Bud  Flower

**Type of planting**

- Field  Garden
- Greenhouse  Nursery
- Other \_\_\_\_\_

**Prevalence**

- Entire planting
- Single area
- Few scattered plants
- Other \_\_\_\_\_

**Soil type**

- Sandy  Clay
- Muck  Silt loam
- Soilless media

**Other background information**

Age of plant \_\_\_\_\_ How many plants affected? \_\_\_\_\_  
Planting date \_\_\_\_\_ How often watered? \_\_\_\_\_  
Height of plant \_\_\_\_\_ Sunny or shaded? \_\_\_\_\_

**Chemical history – List fertilizer, herbicide, insecticide, fungicide, and PGR applications including date and rate used**


**Insect/Arthropod Samples**

Where was the insect found? \_\_\_\_\_ What was the insect doing there? \_\_\_\_\_  
How many insects are there? \_\_\_\_\_ Do you have young children living with you? \_\_\_\_\_

**Plant/Weed ID Samples**

**Plant type**

- Tree  Groundcover
- Shrub  Herbaceous
- Vine  Grass

**Plant size**

Height \_\_\_\_\_  
Width \_\_\_\_\_

**Fruit**

Color \_\_\_\_\_  
Size \_\_\_\_\_  
Month \_\_\_\_\_

**Flowers**

Color \_\_\_\_\_  
Size \_\_\_\_\_

**Plant Age**

- Annual
- Perennial

For diagnostic fee details contact the lab or [www.pestid.msu.edu](http://www.pestid.msu.edu)

**USE REVERSE SIDE TO PROVIDE ADDITIONAL INFORMATION**

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