Michigan State University Plant & Pest Diagnostics

578 Wilson Road

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Email: pestid@msu.edu
Website: www.pestid.msu.edu



Lab Use Only	
Case #	
Date received:	
Diagnostic fee:	

Submitter Name Business Address City/State/Zip			Address								
						Phone FAX		PhoneFAX			
						Email address			Email address		
						Send report to: □ Submitter □ Grower/Other Report preference: □ Email □ Mailed hard copy *Report and invoice will be sent separately.			Send invoice to: □ Submitter □ Grower/Other Invoice preference: □ Email □ Mailed hard copy PO or MSU account #		
						~				_	High-quality photos of mages will be emailed.
Plant/host			Cultivar/variety								
County where sample was collected			Sample reference								
Describe symptom	s or injury										
When did symptor	ms first appear?										
Plant parts affected		Type of planting		Prevalence	Prevalence						
☐ Entire plant		□ Field		,							
□ Leaves/needles		☐ Greenhouse									
□ Twigs/limbs□ Bud	-1	🗆 Other	Other		☐ Few scattered plants ☐ Other						
Soil type		Other backgroun	d information	·							
□ Sandy	□ Clay	Age of plant		How many plants affected?							
□ Muck	⊃ Silt loam	Planting date									
□ Soilless media		Height of plant									
Additional informapplications with o	•	•	List fertilizer, he	rbicide, insecticide, fu	ngicide, and PGR						
		Insect/Arthr	opod Samples								
Where was the insect found?			What was the insect doing there?								
How many insects are there?		If on plant, what plant species?									

For diagnostic fee details contact the lab or www.pestid.msu.edu