

Michigan State University

Plant & Pest Diagnostics

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East Lansing, MI 48824-6469
Office: 517.355.4536
Email: pestid@msu.edu
Website: 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 _____

Grower/Other (if applicable)

Name _____
Business _____
Address _____
City/State/Zip _____
Phone _____ FAX _____
Email address _____

Send results to Submitter Grower/Other

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

USE REVERSE SIDE TO PROVIDE ADDITIONAL INFORMATION

MSU-DS-Form-012-001 version 6.0 (Feb 2020)

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