

**Michigan State University**  
**Plant & Pest Diagnostics**  
 578 Wilson Road  
 East Lansing, MI 48824-6469  
 Office: 517.355.4536  
 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\* \_\_\_\_\_

*\*Results will be sent via email,  
 if you prefer a hard copy, check here*

**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

**Invoice preference**  Email  Mailed hard copy

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

**Type of planting**

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

**Prevalence**

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

**Soil type**

- Sandy
- Muck
- Soilless media
- Clay
- Silt loam

**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
- Shrub
- Vine
- Groundcover
- Herbaceous
- 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

MSU-DS-Form-012-001 version 7.0 (Mar2022)

USDA Permit Number P526P-21-06634



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### SCREENING FOR HERBICIDE-RESISTANT WEEDS

- Mature, high quality seed is required no later than mid-November. Please refer to “[Tips for collecting weed seeds](#)” on our website for collection details. The screening process takes 2-4 months to complete.
- Courtesy of the MI Soybean Committee (MSC), MI soybean growers qualify for free testing of: Palmer amaranth, waterhemp, horseweed/marestail, common lambsquarters, common & giant ragweed.
- Courtesy of the MI Vegetable Council, MI vegetable growers qualify for free testing of any weed species in collaboration with Drs. Sushilla Chaudhari and Erin Hill.
- Screening of weeds from crop rotations not including soybeans or vegetable is available for \$90/sample. Consult with Dr. Hill ([hiller12@msu.edu](mailto:hiller12@msu.edu)) if you are interested in screening a species other than those listed in bullet two.

Submitter	Grower/MSUE/Other (if different than submitter)
Name _____	Name _____
Business _____	Business _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____ FAX _____	Phone _____ FAX _____
Email address _____	Email address _____
<i>*Results will be sent via email, if you prefer a hard copy, check here</i> <input type="checkbox"/>	<b>Send invoice to</b> <input type="checkbox"/> MSPC <input type="checkbox"/> Vegetable Grant <input type="checkbox"/> Submitter <input type="checkbox"/> Grower/Other <input type="checkbox"/> <b>MSU account #</b> _____
<b>Send results to</b> <input type="checkbox"/> Submitter <input type="checkbox"/> Grower/Other	<b>Invoice preference</b> <input type="checkbox"/> Email <input type="checkbox"/> Mailed hard copy

**SPECIES to be screened:** \_\_\_\_\_

**SAMPLE LOCATION (GPS or nearest crossroads):** \_\_\_\_\_

City/town where sample was collected: \_\_\_\_\_ County: \_\_\_\_\_

Field ID: \_\_\_\_\_ Number of Acres: \_\_\_\_\_

**FIELD HISTORY**

Year	Crop	Tillage	Herbicide(s)
			Burndown:
			PRE:
			POST:
			Burndown:
			PRE:
			POST:
			Burndown:
			PRE:
			POST:
			Burndown:
			PRE:
			POST:

