

Michigan State University
Plant & Pest Diagnostics
 578 Wilson Road
 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* _____

**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 # MI Blueberry Program

Plant or sample type: Blueberry

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	Plant size	Fruit	Flowers	Plant Age
<input type="checkbox"/> Tree	<input type="checkbox"/> Groundcover	Height _____	Color _____	<input type="checkbox"/> Annual
<input type="checkbox"/> Shrub	<input type="checkbox"/> Herbaceous	Width _____	Size _____	<input type="checkbox"/> Perennial
<input type="checkbox"/> Vine	<input type="checkbox"/> Grass	Month _____	Month _____	

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

USE REVERSE SIDE TO PROVIDE ADDITIONAL INFORMATION

MSU-DS-Form-012-002 (April 2022)
 USDA Permit Number P526P-21-06634