



Plant Disease Diagnostics Clinic  
**Sample Submission Form**

<b>For PDDC Use Only:</b>	
<b>Intake Number:</b>	_____
<b>Date Received:</b>	_____
<b>Charge:</b>	_____
<b>Paid:</b>	_____

Date: \_\_\_\_\_

Plant/Crop: \_\_\_\_\_ Genus/Species: \_\_\_\_\_

**Client Information:**

**Submitter Information**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_ Zip \_\_\_\_\_  
 County: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**Grower Information (If different from submitter)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_ Zip \_\_\_\_\_  
 County: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Mail Results and Bill to:  Submitter  Grower

**Problem:**

Description: (e.g.: symptoms such as dieback, root rot, canker/gall, leaf spot, yellowing, stunted growth; site information such as wet/dry area, other plants affected, when symptoms were discovered)

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**For PDDC Use Only:**

Tests/Procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Standard sample cost is \$15-20  
Average turn around time is approximately 2 weeks from time of receipt. Please call if it has been longer (608-262-2863).