



Extension
UNIVERSITY OF WISCONSIN-MADISON

Plant Disease Diagnostics Clinic Sample Submission Form

For PDDC Use Only:	
Intake Number:	_____
Sample Number:	_____
Charge:	_____
Paid:	_____

Date: _____

Plant/Crop: _____

Client Information:

Submitter Information

Name: _____
 Address: _____
 City/State: _____ 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)

For PDDC Use Only:

Return your sample with this completed form to the: Plant Disease Diagnostics Clinic (PDDC), Department of Plant Pathology, University of Wisconsin-Madison, 1630 Linden Drive, Madison, WI 53706-1598

Average turn around time is approximately 2 weeks from time of receipt. Please call (608) 262-2863 if you have not received a report by three weeks after submission.

Typical sample cost is \$20-50. An invoice will be enclosed with your report.