

Michigan State University

Diagnostic Services

578 Wilson Road
East Lansing, MI 48824-6469
Office: 517.355.4536
FAX: 517.432.0899
www.pestid.msu.edu



Lab Use Only

Case # _____
Date received _____
Amount paid _____
Check/receipt# _____
MSU account # _____
Diagnostic fee _____

Submitter

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

Grower/MSUE/Other (if different than submitter)

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

Send results to Submitter Grower/MSUE/Other

Send invoice to Submitter Grower/MSUE/Other

Plant or sample type: _____

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

USE REVERSE SIDE TO PROVIDE ADDITIONAL INFORMATION

MSU-DS-Form-012-001 version 3.0