



# Plant Disease Submission Form

## Plant Disease Diagnostic Clinic

302 Life Sciences Building, LSU, Baton Rouge, LA 70803

Tel: (225) 578-4562



<p>Grower's Name _____</p> <p>Address _____</p> <p>City _____ State/Zip _____</p> <p>Email _____ Tel (____) _____</p> <p>Parish _____</p> <p>Agent _____</p> <p>Email _____ Tel (____) _____</p> <p>Client Type: Homeowner / Commercial</p> <p>Sample ID _____</p> <p>Crop or Plant _____</p> <p>Variety _____</p> <p>Acreage _____</p> <p>Date Symptoms first appeared _____</p> <p>Date Sample Taken _____</p> <p>Date Sample Received _____</p> <p>Diagnosis: Biotic / Abiotic</p> <p>Disease/Pathogen _____</p> <p>Herbicide Injury _____</p> <p>Nutrient Deficiency _____</p> <p>Others _____</p> <p>Check Enclosed Yes / No</p> <p>AgCenter account to be charged _____</p>	<p><b>Circle selections that best describe the situation:</b></p> <p><b>Affected parts:</b></p> <p>Roots Stem Trunk Branch Leaves Flowers Fruit</p> <p>Entire plant Other _____</p> <p><b>Symptoms:</b></p> <p>Canker Cracked Dieback Discolored Wilted</p> <p>Decayed/Rotted Galls/Swelling Mottled/Mosaic</p> <p>Spotting Plant death Other _____</p> <p><b>Distribution:</b></p> <p>Single plant Scattered plants Group of plants Entire</p> <p>field Other _____</p> <p><b>Association with terrain:</b></p> <p>Low areas High spots Ridges Edges Not associated</p> <p>Other _____</p> <p><b>Field conditions prior to development of problem:</b></p> <p>Extremely wet Wet Normal Dry Extremely dry</p> <p>Other _____</p> <p><b>List chemicals applied:</b></p> <table border="1"> <thead> <tr> <th>Type</th> <th>Chemical</th> <th>Formulation</th> <th>Rate</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Fertilizer</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Fungicide</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Herbicide</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Insecticide</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p><b>Diagnostic Charges: \$ 10/ Sample</b></p> <p><b>Please make check payable to <u>LSU AgCenter PDDC</u></b></p>	Type	Chemical	Formulation	Rate	Date	Fertilizer	_____	_____	_____	_____	Fungicide	_____	_____	_____	_____	Herbicide	_____	_____	_____	_____	Insecticide	_____	_____	_____	_____
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Visit: <http://www.lsuagcenter.com> or [http://www.lsuagcenter.com/en/communications/Plant\\_Pathology\\_Crop\\_Physiology/Plant\\_Disease\\_Clinic/](http://www.lsuagcenter.com/en/communications/Plant_Pathology_Crop_Physiology/Plant_Disease_Clinic/)

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