

Plant Disease Sample Submission Form



Plant Disease Diagnostic Clinic

Plant Disease Diagnostic Clinic
 302 Life Sciences Bldg.
 LSU AgCenter
 Baton Rouge, LA 70803
 Tel: (225) 578 4562

Client Information:

Last Name _____ First Name _____ Company _____
 Street Address _____ City _____ Parish _____ State _____ Zip Code _____
 () ()
 E-mail _____ Tel: _____ Fax _____

Client type: Homeowner Commercial

County Agent Information:

Name _____ E-mail _____ Tel: _____ Parish _____
 ()

Crop/Plant information:

Name _____ Variety _____ Acreage _____

Sample Information (Check all that apply)

Date Symptoms first appeared: _____ **Date Sample Taken:** _____

Affected Parts: Roots Stem Trunk Branch Leaves Flowers Fruits Entire plant

Symptoms: Blight Canker Cracked Dieback Discolored Decline Wilted Decayed/Rotted
 Galls/Swelling Mottled/Mosaic Spots Plant death Other _____

Distribution: Single plant Scattered plants Group of plants Entire field Other _____

Soil Type: Sandy Clay Loam Other _____

Soil Drainage: Good Intermediate Poor Other _____

Weather Conditions: Very Wet Wet Average Dry Very Dry Other _____

Temperature: Hot Warm Moderate Cool Cold Other _____

Association with Terrain: No Association Low Areas Upland Areas Other _____

Chemicals and Fertilizers (List all fungicides, insecticides, nematicides, herbicides and fertilizers applied)

Name	Dose	Date

PAYMENT

- \$ 10 (In-state sample)
- \$ 20 (Out-of-state sample*)
- Cash
- Check (*Make check payable to LSU AgCenter PDDC*)
- AgCenter account to be charged: _____

For Clinic Use Only

LDDN Sample no.: _____
 Payment: _____
 Date Sample Received: _____
 Diagnosis: _____
 Diagnosed By: _____

*Note: Out-of-State disease samples must include USDA APHIS interstate movement of plant material permit.