



Plant Diagnostic Center

Solving your plant health problems



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Sample Submission Form

Use this Form to Submit Plant Disease/Insect/Mite/Weed Samples For Diagnosis/Identification

Required Information (Samples lacking the required information will not be processed).

1. Client type: Homeowner Commercial

2. Client Information:

Last Name _____ First Name _____ Company (if Applicable) _____

Street Address _____ City _____ State /Zip Code _____ Parish _____

Email: _____ Phone no. () _____

(Print clearly for faster response)

3. County Agent: _____

4. Crop/Plant information:

Name _____ Variety _____ Acreage/Area _____

5. Date Symptoms/Damage First Appeared: _____ Date Sample Taken: _____

6. Plant Disease Sample Information (Check all that apply)

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

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

7. Insect /Mite Sample Information (Check all that apply)

Insect/Mite Damage: Holes Eating/Chewing Damage Galls/Swellings Mines Cupping Curling Blisters
 Discoloration Stippling Defoliation Deformation Other _____

8. Additional Information

Distribution: Single Plant Scattered Plants Group of Plants Entire Field Other _____

Soil Type: Sand 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 _____

Please discuss in details any other information: _____

9. Weed ID: Plant Collected From: Field Landscape Bed Lawn Pasture Vegetable Garden Other _____

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

Name	Dose	Date

11. PAYMENT

\$20 (In-state sample) Routine Diagnosis \$40 (Out-of-state sample*) Routine Diagnosis Cash or Money Order

Check (Make check payable to LSU AgCenter PDC) LSU AgCenter Account _____

For Diagnostic Center Use Only

Sample no.: _____ Date Sample Received: _____

Diagnosis: _____

Diagnosed By: _____

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

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