**Diagnostic Sample Submission Form**

Please fill out this form before submitting sample to ensure timely and accurate diagnosis.

**Submitter:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Client/Grower*** *(if required for billing/reporting results.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Phone:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Email:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Address:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Date Sample Collected:** \_\_\_\_\_\_\_\_\_\_\_\_ **County of Origin of Samples:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location of Plant Sample (town, county, *GPS* *if available*)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plant/Crop affected (common name & variety if known):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acreage or number of plants affected:** \_\_\_\_\_\_\_\_\_\_\_**% of whole plant affected:** \_\_\_\_\_\_\_\_\_\_

**Tillage:** [ ]  Conventional [ ]  Min-tillage [ ]  No-tillage **Date symptoms first noticed:** \_\_\_\_\_\_\_\_

**Plant part submitted:** [ ]  Whole plant [ ]  Leaves [ ]  Roots [ ]  Stem [ ]  Seeding [ ]  Twig [ ]  Fruit [ ]  Insect [ ]  Tuber [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe Symptoms:**

**Briefly describe any Fertilizer/herbicide/insecticide/fungicide applied (including seed treatments). Type/amount/date:**

**Briefly describe irrigation schedule:**

**Irrigation type:** [ ]  **Spray** [ ]  **Drip** [ ]  **Furrow**

**Previous crops in field** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please email pictures to** **plantdiagnostics@uidaho.edu** **or text to 208-497-5312**

**For Internal Use Only**

Lab Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_