

**Michigan State University  
Plant & Pest Diagnostics**

578 Wilson Road  
East Lansing, MI 48824-6469  
Office: 517.355.4536  
Email: [pestid@msu.edu](mailto:pestid@msu.edu)  
Website: [www.pestid.msu.edu](http://www.pestid.msu.edu)



**Lab Use Only**

Case # \_\_\_\_\_  
Date received \_\_\_\_\_  
Amount paid \_\_\_\_\_  
Check/receipt # \_\_\_\_\_  
Diagnostic fee \_\_\_\_\_

**Submitter**

Name \_\_\_\_\_  
Business \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Email address\* \_\_\_\_\_

*\*Results will be sent via email,  
if you prefer a hard copy, check here*

**Send results to**  Submitter  Grower/Other

**Grower/Other (if applicable)**

Name \_\_\_\_\_  
Business \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Email address\* \_\_\_\_\_

**Send invoice to**  Submitter  Grower/Other

**Invoice preference**  Email  Mailed hard copy

**MSU account #** \_\_\_\_\_

**Plant or sample type:** \_\_\_\_\_

State 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](http://www.pestid.msu.edu)

USE REVERSE SIDE TO PROVIDE ADDITIONAL INFORMATION

MSU-DS-Form-012-001 version 7.0 (Mar2022)

USDA Permit Number P526P-21-06634

