Michigan State University Plant & Pest Diagnostics

578 Wilson Road

East Lansing, MI 48824-6469 Office: (517) 355-4536 Email: pestid@msu.edu Website: www.pestid.msu.edu



Lab Use Only	
Case #	
Date received:	
Diagnostic fee:	

Submitter Name Business Address City/State/Zip		Address								
					Phone	Phone FAX		PhoneFAX		
					Email address		Email address			
					Send report to: □ Submitter □ Grower/Other Report preference: □ Email □ Mailed hard copy *Report and invoice will be sent separately.		Send invoice to:			
					-				_	High-quality photos of mages will be emailed.
Plant/host				civar/variety						
County where sam	ple was collected		Sampl	e reference						
Describe symptom	ns or injury									
When did sympton	ms first appear?									
Plant parts affect Entire plant Leaves/needles Twigs/limbs Bud	□ Trunk/stem□ Roots	Type of planting □ Field □ Greenhouse □ Other	□ Garden□ Nursery	□ Single area □ Few scattered pl	lants					
Soil type		Other hackgroup	nd information							
□ Sandy □ Muck □ Soilless media	□ Clay □ Silt loam	Other background information Age of plant Planting date Height of plant		How often watered?						
	mation, including dates and rates use	chemical history –		rbicide, insecticide, fu	ngicide, and PGR					
		Insect/Arthr	opod Samples							
				What was the insect doing there?						
How many insects	are there?		If on plant, wh	nat plant species?						