

Plant Diagnostic Laboratory

Walk-ins: NDSU campus – 206 Waldron Hall
 Website: www.ag.ndsu.edu/pdl
 Staff emails at: <https://www.ag.ndsu.edu/pdl/staff>
 Telephone: 701-231-7854 Fax: 701-231-7851


Lab use only:	
Date In:	
Lab #:	
PDIS #:	
Cust Acct #	
Results (date):	
Contact Method:	

Diagnostic Sample Submission Form

Email will be used unless other communication method is requested

Please provide first, last names, a full mailing address, email/phone number(s), and sample location:

Submitter: _____	Submitted For (Client): _____
Company: _____	Company: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Cell: _____	Cell: _____
DOB _____	DOB _____
E-mail: _____	E-mail: _____

Sample Origin (zip code or State/County)  Location: _____

Fee: This is a fee-based lab, and a nominal fee may be applied to your sample. Pre-payment may be required. Current fees are available online at http://www.ag.ndsu.edu/pdl . Bulk rates may be appropriate for your sample, please contact us with questions.		
Address samples to: Postal Service NDSU Plant Diagnostic Lab NDSU Dept 7660, PO Box 6050 Fargo, ND 58108-6050 Private carrier: NDSU Plant Diagnostic Lab 1402 Albrecht Blvd. 306 Walster Hall, Fargo ND 58102	Services requested: <input type="checkbox"/> Routine Diagnosis <input type="checkbox"/> Plant ID <input type="checkbox"/> Culture/ELISA <input type="checkbox"/> Insect ID <input type="checkbox"/> Special Test <input type="checkbox"/> Mold ID <input type="checkbox"/> Other: _____	Results and Billing: Send results to: <input type="checkbox"/> Submitter <input type="checkbox"/> Client Send bill to: <input type="checkbox"/> Submitter <input type="checkbox"/> Client

Sample collection instructions: See <https://www.ag.ndsu.edu/pdl/submit-a-sample> for details.

Host: _____	Planting Date: _____	Symptom development:
Variety: _____	Date sample collected: _____	<input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months
	Date sample sent: _____	<input type="checkbox"/> Occurred in previous years
		Date symptoms noticed: _____

Turfgrass: Year established: _____ Sod Seed Plugs **Trees:** Approx. age: _____ Height: _____ Years at site: _____

Location <input type="checkbox"/> Crop/Field <input type="checkbox"/> Greenhouse <input type="checkbox"/> Golf course <input type="checkbox"/> Lawn/Turf <input type="checkbox"/> Landscape <input type="checkbox"/> Home - Interior <input type="checkbox"/> Nursery/Orchard <input type="checkbox"/> Pasture <input type="checkbox"/> Garden <input type="checkbox"/> Shelterbelt <input type="checkbox"/> Other: _____	Size of Planting _____ Total Acres, or _____ Total # of plants Incidence _____ # Acres affected _____ sq. ft. affected _____ % of area affected -- Or -- _____ # of plants affected _____ % of plants affected	Symptoms <input type="checkbox"/> Yellowing <input type="checkbox"/> Browning <input type="checkbox"/> Stunting <input type="checkbox"/> Wilting <input type="checkbox"/> Rot <input type="checkbox"/> Dead areas <input type="checkbox"/> Tip Dieback <input type="checkbox"/> Leaf drop <input type="checkbox"/> Bending or Twisting <input type="checkbox"/> Abnormal growth <input type="checkbox"/> Other: _____	Parts Affected <input type="checkbox"/> Stems/trunk <input type="checkbox"/> Roots <input type="checkbox"/> Leaves <input type="checkbox"/> Flowers <input type="checkbox"/> Fruits/seeds <input type="checkbox"/> Entire plant <input type="checkbox"/> Branches ___ % <input type="checkbox"/> Other: _____	Distribution in Site <input type="checkbox"/> High areas <input type="checkbox"/> Low areas <input type="checkbox"/> Scattered plants <input type="checkbox"/> Groups of plants <input type="checkbox"/> Uniform <input type="checkbox"/> Wet areas <input type="checkbox"/> Sunny spots <input type="checkbox"/> Shady spots <input type="checkbox"/> Edge of planting <input type="checkbox"/> Other: _____	Site History Soil pH: _____ Soil drainage: <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor Previous crops: Yr 1: _____ Yr 2: _____ Yr 3: _____
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Cultural practices: See reverse side to give details on fertilization, seed treatments, pesticide applications, tillage practices, soil type and drainage/slope, irrigation practices, and other site activity.

What is your primary concern?

Detailed description of problem and additional information:

Dutch elm disease testing and other woody plant vascular wilt testing:

Live, symptomatic branches that are at least 1" in diameter and 6-8" long with leaves attached.

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