

WVU Plant Diagnostic Clinic Sample Submission Form

For faster results, submit sample through <https://www.pdis.org/login>.

PLANT INFORMATION

Plant/Crop: Genus/Species: Variety:
 CES Agent/WVDA Spec.: County: Email:

CLIENT INFORMATION (Grower/Homeowner)

Last Name: First Name:
 Company (if applicable):
 Address:
 City: State: Zip: County:
 Email: Phone: Fax:

OTHER INFORMATION (Consultant, PCO, Landscaper, etc.)

Last Name: First Name:
 Company (if applicable):
 Address:
 City: State: Zip: County:
 Email: Phone: Fax:

SAMPLE INFORMATION

Site Information:	Site Type:	Distribution:	Symptoms:	Parts Affected:
<input type="checkbox"/> Home Grounds	<input type="checkbox"/> Commercial	<input type="checkbox"/> Scattered	<input type="checkbox"/> Dieback	<input type="checkbox"/> Stems
<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Non-commercial	<input type="checkbox"/> In Small Areas	<input type="checkbox"/> Root Rot	<input type="checkbox"/> Roots
<input type="checkbox"/> Nursery	Control Needed:	<input type="checkbox"/> In Large Areas	<input type="checkbox"/> Leaf Spot	<input type="checkbox"/> Leaves
<input type="checkbox"/> Field	<input type="checkbox"/> Commercial	<input type="checkbox"/> In Rows	<input type="checkbox"/> Stunted	<input type="checkbox"/> Trunk
<input type="checkbox"/> Indoor Plant	<input type="checkbox"/> Non-commercial	<input type="checkbox"/> Certain Variety	<input type="checkbox"/> Yellowing	<input type="checkbox"/> Flowers
<input type="checkbox"/> Orchard	<input type="checkbox"/> Organic	<input type="checkbox"/> Low Areas	<input type="checkbox"/> Wilting	<input type="checkbox"/> Fruit
<input type="checkbox"/> Other	<input type="checkbox"/> Conventional	<input type="checkbox"/> Dry/High Areas	<input type="checkbox"/> Canker/Gall	<input type="checkbox"/> Needles
		<input type="checkbox"/> Single Plant	<input type="checkbox"/> Fruit Rot	<input type="checkbox"/> Other
		<input type="checkbox"/> Other		

Sample Collection Date: Sample Collection Location: % Plants Affected:
 Address: Topography:

Provide Additional Information (Next Page)

FOR LABORATORY USE ONLY

Date Received: Email Postal Fax Other

DESCRIPTION OF PROBLEM

RELATED QUESTIONS (Answer If Applicable)

Planting date, age or size of plant, or approximate date problem appeared? _____

Any insects or other visible pests? Yes No

Have affected plants been watered recently? Yes No

Have affected plants been fertilized recently? Yes No

Did the problem show up all at once or gradually? Yes No

Have herbicides or other pesticides been applied nearby? Yes No

What were the weather conditions of the previous week? _____

What were the weather conditions during outbreak of symptoms? _____

List other affected species in the area: _____

CHEMICALS APPLIED (Include Rates and Dates)

Fertilizers: Fungicides: Herbicides:

Insecticides: Other: Possible drift? Yes No

ENVIRONMENT

% Moisture: Temperature: Full Sun Partial Sun Shade

Relation of injury to wind/sun exposure:

FOR PERENNIAL TREES OR ORNAMENTALS

Any mushrooms or other fungal growth visible near the trunk or vicinity of the root system? Yes No

Approximate age of tree or ornamental:

INSTRUCTIONS FOR SHIPPING SAMPLES

Print this form and mail it with your sample to:

WVU Plant Diagnostic Lab, 1194 Evansdale Drive, Morgantown, WV 26506-6108

INSTRUCTIONS FOR PACKING SAMPLES

- **DO NOT** use moist paper towels in sample bag.
- **DO** place sample in plastic bag (sealed) and ship in mailing tube or strong box of appropriate size.
- **DO** ship sample as soon as possible after collected.
- **DO** collect whole diseased plant and a healthy plant. Include roots if possible (especially for plant identification).

You also can submit information and images through PDIS at <https://www/pdis.org>

Please DO send samples with SOME healthy plant tissue.

Pathogens cannot be isolated from completely dead samples.

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