

SAMPLE SUBMISSION FORM

Client Name: _____ Extension Non-extension
Commercial Residential

Mailing Address: _____

Extension Agent or contact person: _____ County: _____

Email Address: _____ PO#: _____

Name of Plant (Crop) and Variety: _____ Age/planting date of crop: _____

Date symptoms first appeared: _____ Date sample collected: _____

Plant part affected	Symptoms	Distribution	Type of planting
<input type="checkbox"/> roots	<input type="checkbox"/> spot	<input type="checkbox"/> damping off	<input type="checkbox"/> nursery
<input type="checkbox"/> stems	<input type="checkbox"/> mottle/mosaic	<input type="checkbox"/> canker	<input type="checkbox"/> greenhouse
<input type="checkbox"/> leaves/needles	<input type="checkbox"/> distortion	<input type="checkbox"/> dieback	<input type="checkbox"/> field
<input type="checkbox"/> twigs/branches	<input type="checkbox"/> yellowing	<input type="checkbox"/> rot	<input type="checkbox"/> orchard
<input type="checkbox"/> trunk	<input type="checkbox"/> reddening	<input type="checkbox"/> burn/scorch	<input type="checkbox"/> landscape
<input type="checkbox"/> buds	<input type="checkbox"/> stunted	<input type="checkbox"/> galls/swelling	<input type="checkbox"/> golf course
<input type="checkbox"/> fruit	<input type="checkbox"/> wilt	<input type="checkbox"/> holes	<input type="checkbox"/> yard/garden
<input type="checkbox"/> flowers	<input type="checkbox"/> unusual line	<input type="checkbox"/> other(describe)	<input type="checkbox"/> interior
<input type="checkbox"/> other (describe)	<input type="checkbox"/> mold/fungal	_____	<input type="checkbox"/> other(describe)
_____	growth	_____	_____

Describe events (drought, rain, wind, etc.) that may have influenced the development of symptoms.

List chemicals (fungicides, insecticides, herbicides, fertilizer) applied to the crop in the last 30 days.

Please state the size of the crop, percentage (or number) of plants affected, and estimated value of the crop.

Additional information regarding the problem (feel free to write on the back of the form).

Digital images are very useful and should be sent whenever possible. Please send images to jen.olson@okstate.edu or sickplants@okstate.edu

Mailing Address:
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