DIAGNOSTIC SERVICES
578 Wilson Rd.
East Lansing, MI 48824-6469
Office:517-355-4536 FAX:517-432-0899
www.pestid.msu.edu

Case No.:_____
Date Received: _____
Amount Paid: _____
Check/Receipt No.:_____
MSU Account #:_____
Diagnostic Fee: _____

Name: _____
Business Name: _____
Address: _____
City/State/Zip: _____
Work: _____ FAX: _____ Home: _____
Email: _____ Cell: _____
Sample Reference: _____

Plant Disease Diagnosis Fees

Plant health analysis:	$20
Bacterial ID (BIOLOG™):	$25
Insect Identification Fees	
Common ID:	N/C
Keyout ID:	$20
Plant Identification Fee	$10
Nematode Sample Fees	(see below)

Out of State Fees Triple / Fees subject to change

SEND RESULTS TO: CLIENT COUNTY Email: _____
Extension Educator: _____ County: _____ Fax: _____

SAMPLE (ex. Tomato, Insect, Pine, etc.): _____

GENERAL INFORMATION (indicate all that apply)

PLANT PARTS AFFECTED
Entire Plant, Stems, Leaves/Needles, Trunk, Flowers, Roots, Twigs/ Limbs, Fruit

TYPE OF PLANTING
Field, Garden, Nursery, House Plant, Greenhouse, Pasture, Orchard, Natural Area, Turf/Lawn, City/Recreation

PROBLEM DISTRIBUTION
Upland, Near Drive/Road, Slopes, Edge of Field, Low Areas, Near Residence

CHEMICAL HISTORY
HERBICIDE: _____
_____
INSECTICIDE: _____
_____
FUNGICIDE: _____
_____

NATURE OF THE INJURY
Poor or Abnormal Growth, Spots, Yellowing, Wilting, Boring, Plant Death, Cupping, Chewing, Dieback, Galls/Cankers, Rot, Leaf/Needle Drop

PREVALENCE
Entire Planting, Single Localized Area, Several Localized Areas, Few Scattered Plants

EXTENT OF THE DAMAGE
Light Moderate Severe

SOIL TYPE
Sandy, Clay, Muck, Silt Loam

DRAINAGE
Good Fair Poor

OTHER BACKGROUND
How long at site?
Height of plant?
How many plants affected?
How often watered?
How fertilized?
Sunny or Shaded?

CROP HISTORY
Last year: _____
This year:_____
Next year:_____

INSECT / ARTHROPOD ID SAMPLES ONLY (indicate all that apply)
Where was the insect found? _____ What was the insect doing there? _____
How many insects are there? One Few Several Hundreds Do you have small children living with you? _____

PLANT / WEED ID SAMPLES ONLY (indicate all that apply)

PLANT TYPE
Tree, Shrub, Vine, Groundcover, Herbaceous, Aquatic

PLANT SIZE
Height: _____
Width: _____

GROWTH HABIT
Upright/Erect, Prostrate/Low-Growing, Climbing

FLOWERS
Color: _____
Size: _____
List any unique features:_____

PLANT AGE
Annual: _____
Perennial: _____

NEMATODE SAMPLES ONLY (indicate type of analysis requested)
Soil and root analysis ($25/sample) Foliar nematode analysis ($25/sample) No. of samples: _____
Total nematode community structure analysis ($50/sample) Sample/Field ID: _____
Hg Type Test ($75/sample) SCN Type Test ($40/sample)
Verticillium dahliae analysis (potato soil / stem only) Dilution ($20/sample) Wet-sieving ($25/sample) Both ($40/sample)

USE REVERSE SIDE FOR ADDITIONAL INFORMATION