## **MSU Plant & Pest Diagnostics**

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Lab Use Only	
Case #	
Date received	
Amount paid	
Check/receipt # _	
Diagnostic fee	

Grower/Client  Name  Business									
							Address		
							City/State/Zip		
PhoneFAX		PhoneFAX							
Email address		Email address							
Send results to   Submitter   Grower/MSUE/Other		Send invoice to   Submitter   Grower/MSUE/Other  MSU account #							
Plant or sampl	e type:								
			Sample reference						
Describe symptom	s or injury								
When did sympton	ns first appear?								
<ul><li>□ Leaves/needles</li><li>□ Twigs/limbs</li><li>□ Bud</li><li>Soil type</li></ul>	<ul><li>□ Trunk/stem</li><li>□ Roots</li><li>□ Fruit</li><li>□ Flower</li></ul>	Other backgrour	□ Garden □ Nursery  nd information	□ Other					
<ul><li>□ Sandy</li><li>□ Muck</li><li>□ Soilless media</li></ul>	□ Clay □ Silt loam	Age of plant Planting date Height of plant		How often watered?					
Chemical history	– List fertilizer, he				luding date and rate used				
Where was the ins How many insects		Insect/Arthr	opod Samples What was the ins Do you have you	_					
		Plant/Wee	d ID Samples						
Plant type  □ Tree □ Shrub □ Vine	<ul><li>□ Groundcover</li><li>□ Herbaceous</li><li>□ Grass</li></ul>	Plant size Height Width							

For diagnostic fee details contact the lab or www.pestid.msu.edu