



Utah Plant Pest Diagnostic Lab Submission Form

For diagnosis, mail this completed form with sample and **payment** (cash or check) to:
Utah Plant Pest Diagnostic Lab, Department of Biology,
5305 Old Main Hill, Logan, UT 84322-5305
435-797-2435; utahpestlab@gmail.com; utahpests.usu.edu/upddl

UtahState
UNIVERSITY
extension

Service Requested (Fee): If you are unsure about the service you need, contact the UPPDL

Basic Services (\$10.00). Visual / microscope inspection (most submissions; ALL turfgrass samples / arthropod ID's)

Pathogen Culturing (\$15.00). Includes a visual inspection. Contact us prior to submission.

DNA / Virus Testing (\$30.00). Includes a visual inspection. Contact us prior to submission.

SUBMITTER INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Phone: (____) _____ Cell: (____) _____
Email: _____

LAB USE ONLY

Submission Date: _____

Sample Number

Check box if for research

If Working With a County Agent:

Agent name: _____ Agent email: _____

Index to charge
(if applicable): _____

Who should we contact with a diagnostic report? Client Agent Both

SAMPLE INFORMATION (fill out all applicable information. If an insect was found on a plant, fill out both columns)

Insect Submissions:

Where was the sample found? _____
How many are being seen? _____
When did it / they first appear? _____
Was it / they found dead or alive? _____

Plant Submissions:

Common name: _____
Scientific name: _____
Plants affected: _____ % Plants affected: _____
Plant age: _____ Plant size: _____ Problem worsening? Y N

SYMPTOMS / SAMPLE DESCRIPTION (Please describe your plant or pest issue in more detail)

PEST / SYMPTOM IMAGES: Please provide photos of the pest or symptomatic plant(s). A range of photos from landscape-level shots to close-ups are ideal. Photos can be printed and mailed with the sample or emailed (utahpestlab@gmail.com). Include your name in the email to ensure we can match them with your submitted sample.

EXTRA INFORMATION: Use the back of this sheet to include any additional information such as irrigation type and rate, fertilization type and rate, pesticides, fungicides or herbicides applied, map of property with location of affected plants including directional arrows (N, S, E, W), general care / maintenance, planting depth or method, progress of symptoms, or any other information that may assist with a diagnosis.

SIGNATURE AND PAYMENT

I agree to pay the associated fee and will be paying with: Cash / Check Invoice me to pay by card Index (agents only)

I understand that a diagnostic report will not be given until payment is made.

Name (print): _____ Signature: _____ Date: _____

DIAGNOSIS (Lab use only)

Abiotic: _____
Common name: _____ Family: _____
Genus: _____ Species: _____

RESPONSE:

[] Email [] Phone
[] Other: _____
Date: _____
Time: _____