



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

UtahState
UNIVERSITY
extension

UPPDL Contact: 435-797-2435; utahpestlab@gmail.com; utahpests.usu.edu/upddl

FEES: Cash or check only; make checks payable to the "UPPDL". [Visit our website](#) for more information on selecting services.

- \$10.00. Basic services: visual & microscopic examination and management recommendations (most submissions).
- \$15.00. Pathogen culturing and basic services. Contact us prior to submitting a sample for disease culturing.
- \$30.00. DNA or virus testing and basic services. Contact us prior to submitting a sample for DNA or virus testing.

SUBMITTER INFORMATION

Directions for Sample Submission
<http://utahpests.usu.edu/upddl/submission-form>

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (____) _____ Cell: (____) _____

Email: _____

Lab use only

Submission Date: _____

Sample Number: _____

Contact County Agent: Y N **Agent Name:** _____ **Agent Email:** _____

CONTACT ME BY:

Regular Mail Phone Email

INFORMATION REQUESTED

Identification Control Recommendations

COLLECTION INFORMATION: Where was the sample collected?

Host Plant Common Name: _____

Host Plant Scientific Name/Variety: _____

If not collected from a plant, then please describe: _____

Plant age: _____ Size: _____

Number of plants affected: _____

Percent of plants affected: _____

Problem worsening: Y N

PLANT INFO:

PLANT SYMPTOM(S)/PEST DESCRIPTION: Describe the plant or pest issue in detail.

PEST/SYMPTOM IMAGES: Please provide photos of the affected plant(s), etc. A range of photos from landscape-level shots to close-ups are ideal. Digital images can be emailed to utahpestlab@gmail.com.

I included pictures as: Printed photos submitted with the sample Digital images No images submitted

EXTRA INFORMATION: Use the back of this sheet to include additional information: e.g. irrigation type and rate, fertilization type and rate, pesticides, fungicides or herbicides applied, map/schematic of property and location of affected plants including directional arrows (N, E, S, W), general care/maintenance or situation of plants, planting depth or method, progression of symptoms, etc.

DIAGNOSIS (Lab use only)

Common Name: _____

Genus: _____

Abiotic: _____

Family: _____

Species: _____

RESPONSE:

Regular Mail Email
 Phone Walkin

Date: _____

Time: _____