Utah Plant Pest Diagnostic Lab Submission Form

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

Utah State UNIVERSITY extension

SERVICE REQUESTED (FEE): If you are unsure about the service you need, contact the UPPDL.

Tree, Fruit, Vegetable, and Shrub Samples

Basic Service ($10.00). Visual/microscope inspection for diseases and insects.

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

DNA/Virus Testing ($30.00). Includes a visual inspection and pathogen culturing as needed. Contact us prior to submission.

Turfgrass Samples

Basic Service ($10.00). Visual/microscope inspection for diseases and arthropods.

Premium Service ($15.00). Visual/microscope inspection **PLUS** Berlese funnel soil arthropod extraction.

Insect/Arthropod Samples

Basic Service ($10.00). Visual/microscope inspection and identification.

DNA Identification ($30.00). Provides molecular identification to the highest classification possible (usually species-level).

Other Services/Products

DNA Plant Identification (requires roots or leaves) ($30.00). Contact us prior to submission.

Soil Insect Extraction ($10.00/gallon zip bag). Extracts soil-dwelling arthropods from a soil sample.

Insect Trap Processing. Search for a target pest or identify a large number of insects (check a bubble).
- **Basic:** Search for a target pest ($10.00/trap)
- **Premium:** Identify all trap catch to the family level and provide counts. Contact with a photo for an estimate:
    - $2.00/family identified
    - $0.05/specimen counted
      Example: 9 families found and 120 specimens counted = $24.00

Pre-paid Vouchers. A voucher is usable on $10.00 worth of lab services. Purchase cost can decrease if purchased in bulk:

- 10–20 @ 10% off (e.g., 20 vouchers = $200 of services at $180.00 cost)
- 21+ @ 15% off (e.g., 30 vouchers = $300 of services at $255 cost)

Enter voucher quantity here: _____. Emailed invoice will be sent.

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: _____

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

Index to charge
(if applicable): _____

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 (uppdl@usu.edu). Include your name in the email to ensure we can match them with your submitted sample.

Extra information: Use the space below 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 (make checks payable to "UPPDL")

I agree to pay the associated fee and will be paying with:

cash/check/ voucher   Invoice me to pay by card   Index

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

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

Return/refund policy:

1. The UPPDL does not provide refunds in cases of overpayment. It is the responsibility of the customer to ensure that the correct testing can be done on your sample prior to submission.
2. Lab services and products are non-refundable, regardless of diagnosis. If a sample is submitted that cannot be tested, the customer can submit additional material for the test(s) at no additional charge.

Privacy policy:

Customer information is collected for the purpose of processing your UPPDL diagnostic service. This information is classified as private/ internal data at Utah State University and is not shared. Any privacy concerns should be directed to Utah State University's Information Security Office at 435-797-8410.

DIAGNOSIS (lab use only)

Common name: _____

Genus: _____

Abiotic: _____

Family: _____

Species: _____

RESPONSE:

[ ] Email   [ ] Phone

[ ] Other: _____

Date: _____

Time: _____

Notes: