



Utah Plant Pest Diagnostic Lab

Submission form for INSECTS, ARACHNIDS, PLANT DISEASES and associated damage
For diagnosis, mail this completed form with sample and \$7.00 cash or check to:
Utah Plant Pest Diagnostic Lab, Department of Biology, 5305 Old Main Hill, Logan, UT

UtahState
UNIVERSITY
extension

Fee Information: All samples submitted to the UPPDL must include \$7.00 cash or check. Plant disease samples that cannot be positively diagnosed in-house can be outsourced to an out-of-state lab for additional testing at the consent and expense of the client. Refunds will not be given for samples with an inconclusive diagnosis.

SUBMITTER INFORMATION

Directions for Submission: **Insect/Spider or Disease**

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:

INFORMATION REQUESTED

Regular Mail Phone Email Identification Control Recommendations

COLLECTION INFORMATION: Where was the sample collected?

PLANT INFO:

Host Plant Common Name: _____ Plant age: _____ Size: _____
Host Plant Scientific Name/Variety: _____ Number of plants affected: _____
If not collected from a plant, then please describe: _____ Percent of plants affected: _____
_____ Problem worsening: Y N

PLANT SYMPTOM(S) DESCRIPTION: Describe in detail what is wrong with the plant and what parts are affected

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

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

PEST INFORMATION

Number of Specimens in Sample: _____ Number of Individuals Observed: _____

Describe the Appearance of the Pest: _____

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)

RESPONSE:

Common Name: _____ Family: _____

Regular Mail Email
 Phone Walkin

Genus: _____ Species: _____

Date: _____
Time: _____