



Plant Pathology Submission Form

****Note: Please be aware accurate diagnosis is highly dependent on complete information from the client. Please provide appropriate specimens, thorough background information and a detailed description of your observations and symptoms. Inaccurate or incomplete information may result in an inaccurate diagnosis.***

****Complete the form in its entirety and submit one form per sample.***

**** Failure to recover or confirm an organism from a sample does not establish the crop to be free of that organism.***

Company/Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Point of Contact: _____ Phone #: _____

Sampling Information: (*Required)

Sample ID	Crop	Date Sampled	Part of Plant	Location (County)

- Please indicate your preferred mode of receiving data & reports.

Email: _____ or Fax: _____ Mailed copy

Method of payment: Credit account Check Credit/Debit Card Cash/Money Order

Client or Company is: Agronomist Nursery Greenhouse Home gardener

Consultant Distributor Arborist Lawn care/Golf Course Farmer

What does the sample represent?

- Type of Plant (*Genus species*): _____
- Common Name: _____
- Cultivar: _____
- Variety: _____
- Date Planted: _____



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Where is the sample from? Nursery Vegetable garden Greenhouse

Orchard Christmas tree farm Timber farm Yard/Landscape Turf farm

Farm/field Golf Course Other: _____

Soil Type: Loam Organic Based Sandy soil Clay Hard Pan

Soilless (**type*) _____ Designer soil (**Brand*) _____ Other: _____

Exposure: Full exposure Partial exposure Full shade Windy

Date of damage noticed: _____ **Number of seasons present:** _____

Acreage: _____

Approximate % Affected: _____

Number of potted plants: _____

Number of potted plants affected: _____

Distribution of affected plants: Single plant Scattered Grouped Field edge

Previous crops: _____

Irrigation type & frequency: _____

Chemical application: _____

Fertilizer rate: _____

Symptoms: **Note: Please be specific, the more information you are able to give the pathologist the better they will be able to resolve your issue.*

**Please include all observed symptoms, including all plant parts affected.*

If other consulting laboratories were used, please provide conclusions if possible.

Tentative diagnosis: _____



MICROTERRA
LABS

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Region *For Oregon residents only.

West of Cascades East of Cascades Siskiyou Region

I agree to pay the minimum amount of \$95.00 per sample for pathology diagnostics. If further tests are recommended or required, staff at MicroTerra will contact you to discuss further testing options.

****Note: Signature is required before sample can be processed by a pathologist.***

Authorized by:

(signature) _____ (print) _____

Submission Date _____

***Notes** (*Please add any additional information)