

Send sample(s) and completed form to:
 WSU Puyallup Research & Extension Center
 Plant & Insect Diagnostic Lab
 2606 West Pioneer
 Puyallup, WA 98371-4998

For Official Use Only

PC No.	Date Received	Fee
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Submitter/Company name	Daytime phone	County
Mailing address	City	State/Zip
E-mail address	Send results via: <input type="checkbox"/> E-mail <input type="checkbox"/> Mail	
Client name	Daytime phone	County
Mailing address	City	State/Zip
E-mail Address	Send results via: <input type="checkbox"/> E-mail <input type="checkbox"/> Mail	

*I agree to pay a minimum charge of \$40.00 for diagnostic services. Certain diagnostic tests may result in additional fees. For a full schedule of fees, please contact puy.plantdiagnostic@wsu.edu or 253-445-4582. *Samples submitted without a signature will not be processed.*

Signature*	Submission date
Print Name	

*Please fill out this form as completely as possible. Information provided is needed to diagnose your plant problem and recommend the action you need to take. If you do not fill out this form completely, we may not be able to provide you with a prompt, adequate answer to your plant problem. **PLEASE SUBMIT ONLY ONE SAMPLE PER FORM.***

Type of plant:		
<input type="checkbox"/> Broadleaf tree	<input type="checkbox"/> Tree fruit	<input type="checkbox"/> Shrub/vine
<input type="checkbox"/> Small fruit	<input type="checkbox"/> Ground cover	<input type="checkbox"/> Vegetable
		<input type="checkbox"/> Conifer
<input type="checkbox"/> Flower/houseplant		
Name of plant:		
Age of plant:	When was plant planted in this location?	Approximate size:
Please describe the problem:		
Damage on the affected plant:		
<input type="checkbox"/> Started at the bottom and moves up	<input type="checkbox"/> Started at the top and moves down	<input type="checkbox"/> Entire plant affected
<input type="checkbox"/> Only on the tips of branches	<input type="checkbox"/> Only on inside branches	<input type="checkbox"/> Only on one side [N S E W]
Damage in the landscape/planting affects:		
<input type="checkbox"/> Scattered plants	<input type="checkbox"/> Several plants in a row	<input type="checkbox"/> Only one plant
<input type="checkbox"/> All similar plants		
Illustrate or describe the pattern of damage (photos may be e-mailed to puy.plantdiagnostic@wsu.edu):		

<p>Has this plant ever had this problem before? When? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When did you first notice the problem? Approximate date: ____/____/____ <input type="checkbox"/> Developed very quickly <input type="checkbox"/> Is getting worse <input type="checkbox"/> Developed gradually <input type="checkbox"/> Is not getting worse</p>																				
<p>Are other plants in your landscape/garden similarly affected? Which and where located? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																					
<p>Have you checked the base of the plants and/or roots for signs of disease or injury to the plant? What did you find? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																					
<p>How was the plant planted?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Balled and burlapped</td> <td><input type="checkbox"/> Pot/burlap removed from root ball</td> <td><input type="checkbox"/> Planted by landscaper</td> </tr> <tr> <td><input type="checkbox"/> Plastic pot</td> <td><input type="checkbox"/> Peat/manure/compost added to backfill</td> <td><input type="checkbox"/> Planted by previous owner</td> </tr> <tr> <td><input type="checkbox"/> Bare root</td> <td><input type="checkbox"/> Fertilizer applied at/after planting</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Peat/paper pot</td> <td></td> <td><input type="checkbox"/> Other:</td> </tr> </table>		<input type="checkbox"/> Balled and burlapped	<input type="checkbox"/> Pot/burlap removed from root ball	<input type="checkbox"/> Planted by landscaper	<input type="checkbox"/> Plastic pot	<input type="checkbox"/> Peat/manure/compost added to backfill	<input type="checkbox"/> Planted by previous owner	<input type="checkbox"/> Bare root	<input type="checkbox"/> Fertilizer applied at/after planting	<input type="checkbox"/> Unknown	<input type="checkbox"/> Peat/paper pot		<input type="checkbox"/> Other:								
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<p>Planting mulched with:</p> <input type="checkbox"/> No mulch <input type="checkbox"/> Grass clippings <input type="checkbox"/> Bark mulch: <input type="checkbox"/> Other:																					
<p>How is plant watered?</p> <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> System: <input type="checkbox"/> Hand water <input type="checkbox"/> Sprinkler <input type="checkbox"/> Set sprinkler system <input type="checkbox"/> Drip/Soaker hose <input type="checkbox"/> No supplemental watering </td> <td style="vertical-align: top;"> Application location: <input type="checkbox"/> Overhead watering <input type="checkbox"/> Per-plant emitter <input type="checkbox"/> Watered with lawn <input type="checkbox"/> Directly at base of plant <input type="checkbox"/> At drip line </td> <td style="vertical-align: top;"> Frequency: ____ times / week for ____ min. <input type="checkbox"/> As needed (check soil only) <input type="checkbox"/> As needed (check weather only) </td> </tr> </table>		System: <input type="checkbox"/> Hand water <input type="checkbox"/> Sprinkler <input type="checkbox"/> Set sprinkler system <input type="checkbox"/> Drip/Soaker hose <input type="checkbox"/> No supplemental watering	Application location: <input type="checkbox"/> Overhead watering <input type="checkbox"/> Per-plant emitter <input type="checkbox"/> Watered with lawn <input type="checkbox"/> Directly at base of plant <input type="checkbox"/> At drip line	Frequency: ____ times / week for ____ min. <input type="checkbox"/> As needed (check soil only) <input type="checkbox"/> As needed (check weather only)																	
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<p>Have you applied any fertilizers, insecticides, fungicides to this or nearby plants in the last 12–18 months? (Name, rate, date and where applied)</p>																					
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