



SPECIMENS FOR DIAGNOSIS OF PLANT DISEASES AND DISORDERS

SENDER	NAME OF SENDER		DATE OF SENDING		SAMPLE TRACKING NUMBER (STATE INSPECTOR ONLY)	
	ADDRESS OF SENDER				Work Phone:	
					Home Phone:	
	Street:				Cellular Phone:	
	City/State/Zip:				Fax:	
	Company:				Email:	
				Other:		
PURPOSE	REASON FOR DIAGNOSIS					
	<input type="checkbox"/> Problem on Home Yard Plants			<input type="checkbox"/> Nursery Inspection		
	<input type="checkbox"/> Problem on Commercial Landscape Plants			<input type="checkbox"/> Port of Entry Shipment Inspection		
	<input type="checkbox"/> Pesticide Injury			<input type="checkbox"/> Organic Program		
	<input type="checkbox"/> Problem on Agricultural Crops			<input type="checkbox"/> Seed Certification		
	<input type="checkbox"/> Problem on House Plants			<input type="checkbox"/> Disease Survey or Test for Specific Pathogen		
	<input type="checkbox"/> Forest Tree Health			<input type="checkbox"/> Phytosanitary Inspection		
	<input type="checkbox"/> Unusual Plant Symptoms			<input type="checkbox"/> Quarantined Diseases		
HOST DATA	HOST INFORMATION					
	COMMON NAME OF PLANT			SCIENTIFIC NAME OF PLANT		
	DISTRIBUTION OF DAMAGE		PLANT PARTS AFFECTED		PLANT SYMPTOMS	
	<input type="checkbox"/> LIMITED <input type="checkbox"/> SCATTERED <input type="checkbox"/> WIDESPREAD NUMBER OR PERCENTAGE OF ACRES/PLANTS AFFECTED <input type="checkbox"/> NUMBER: <input type="checkbox"/> PERCENTAGE:		("X" All Applicable Items) <input type="checkbox"/> Leaves <input type="checkbox"/> Petiole <input type="checkbox"/> Stem <input type="checkbox"/> Trunk/Bark <input type="checkbox"/> Branches <input type="checkbox"/> Growing Tips <input type="checkbox"/> Twigs		("X" All Applicable Items) <input type="checkbox"/> Roots <input type="checkbox"/> Buds <input type="checkbox"/> Bulbs, Tubes, Corms <input type="checkbox"/> Flowers <input type="checkbox"/> Blossoms <input type="checkbox"/> Fruits or Nuts <input type="checkbox"/> Seeds <input type="checkbox"/> Abnormal Growth <input type="checkbox"/> Leaf Blight <input type="checkbox"/> Leaf Chlorosis <input type="checkbox"/> Leaf Spot <input type="checkbox"/> Leaf Rust <input type="checkbox"/> Dieback <input type="checkbox"/> Stem Canker	
					<input type="checkbox"/> Stem Rust <input type="checkbox"/> Fruit rot <input type="checkbox"/> Galls <input type="checkbox"/> Sudden Death <input type="checkbox"/> Root Rot <input type="checkbox"/> Wilt <input type="checkbox"/> Others:	
SAMPLE	TYPE OF SAMPLE		LOCATION OF SAMPLE		NAME OF NURSERY (STATE INSPECTOR ONLY):	
	<input type="checkbox"/> Flower <input type="checkbox"/> Fruit <input type="checkbox"/> Leaf <input type="checkbox"/> Branch <input type="checkbox"/> twig		<input type="checkbox"/> Bark <input type="checkbox"/> Root <input type="checkbox"/> Soil <input type="checkbox"/> Other		REMARKS:	
			County:			
			Street:			
		City:				
		Zip:		Longitude:		
				Latitude:		
TENTATIVE DETERMINATION BY SENDER						
DETERMINATION AND NOTES (LABORATORY USE ONLY)				LABORATORY USE ONLY		
				SERIES NUMBER:		
				DATE RECEIVED:		
				DATE PROCESSED:		
				DATE REPORTED:		
				NAPIS PEST CODE:		
				LABORATORY METHOD ("X" All Applicable)		
				<input type="checkbox"/> Microscopic Examination <input type="checkbox"/> Specimen Incubation <input type="checkbox"/> Grow-out in Greenhouse <input type="checkbox"/> Host Inoculation		<input type="checkbox"/> General or Selective Culture <input type="checkbox"/> Serological Procedures <input type="checkbox"/> Nucleic Acid Analysis <input type="checkbox"/> Soil Extraction