

Plant & Pest Diagnostic Laboratory

LSPS – Room 116, Purdue University
915 W State St, West Lafayette, IN 47907-2054
765-494-7071 FAX: 765-494-3958

<http://www.ppdl.purdue.edu>



(PPDL-1-W) 11/14

Office Use Only: Date received: _____

Sample #: _____

Account #: _____

Date: _____

Submitter's Name _____

Business _____

Address _____

City/State/Zip _____

County _____ Phone _____

Fax _____ Email _____

Client's Name _____

Business _____

Address _____

City/State/Zip _____

County _____ Phone _____

Fax _____ Email _____

Please include a check or money order (payable to Purdue University) for \$11 per sample (\$22 out-of-state clients). DO NOT SEND CASH.

Send invoice to Submitter Client

Additional Testing Fees Approval:

Perform rapid serological testing if needed (\$25)

Perform DNA testing if needed (\$50)

Mail reply to: Submitter Client

Fax reply to: Submitter Client

Email reply to: Submitter Client

Copy Extension Educator

Information about Submitter/Client (please check one each for submitter and client)

Submitter

Client

Submitter

Client

(continued)

- _____ Extension Educator
- _____ Homeowner
- _____ Farmer
- _____ Dealer/Industry Rep.
- _____ Golf Course
- _____ Landscaper
- _____ Greenhouse

- _____ Pest Control Operator
- _____ Nursery
- _____ Lawn or Tree Care Co.
- _____ Garden Center
- _____ Consultant
- _____ Purdue Specialist
- _____ Other _____

Check information desired:

- _____ Problem identification
- _____ Specimen identification
- _____ Control recommendations
- _____ Other _____

Plant and Pest Information

Plant or Host: _____ Cultivar/Variety: _____

Location (choose one):

- _____ In dwelling
- _____ Tree/Shrub
- _____ Turf/Lawn
- _____ Golf Course
- _____ Flower bed
- _____ Vegetable garden
- _____ Field/Farm
- _____ Greenhouse
- _____ Nursery
- _____ Orchard
- _____ Animal/Human
- _____ Aquatic
- _____ Stored grain/Food products
- _____ Other _____

Degree of Damage (choose one):

- _____ Heavy
- _____ Medium
- _____ Light

Insect Problem? (choose one):

- _____ Damaging plant
- _____ Biting/Stinging
- _____ Infesting food
- _____ Nuisance

for Plant/Weed Identification Only

Plant type:

- _____ Tree _____ Deciduous
- _____ Shrub _____ Evergreen
- _____ Vine
- _____ Groundcover
- _____ Herbaceous

Plant size:

- _____ Height
- _____ Width

Flowers:

- _____ Color
- _____ Month(s)
- _____ Size

Fruits:

- _____ Color
- _____ Month(s)
- _____ Size

Plant age:

- _____ Annual
- _____ Perennial (# years _____)

Unique features (bark, leaves, odor, thorns, etc.): _____

Additional Plant and Site Information

Approximate age: _____ Height: _____ Number of years at present site: _____

Exposure: _____ Full sun _____ Partial shade _____ Full shade _____ Windy _____ Protected _____ Irrigation frequency: _____

Root disturbance from: _____ sidewalks/driveway _____ construction activities (describe): _____

Size of planting: _____ % of plants affected: _____ Date first noticed problem: _____

Date planted: _____ Tillage practices: _____ Previous crop: _____

Chemicals/fertilizers applied (past 2 years)(include rates): _____

Soil type: _____ sandy _____ clay _____ silt _____ loam _____ organic _____ Soil pH: _____

DESCRIBE THE PROBLEM (Include symptoms, plant parts affected, pattern of occurrence, etc. Attach separate sheet if necessary):

Your tentative diagnosis/ID: _____