



PLANT SPECIMEN SUBMISSION FORM

*****Diagnostic Lab Use Only - Do Not Write In Box*****

Sample No. _____ Date Sample Received: _____

PLEASE REMEMBER...Successful plant disease diagnosis is a team effort. Proper diagnosis begins with the submission of a good-quality specimen accompanied by accurate and complete information. Please follow these guidelines and submit the best sample possible (if the sample is insufficient for diagnosis, you will be asked to submit a new sample).

If you have any questions, please call before submitting your sample (575-646-1621 or 575-646-1965).

COLLECTION:

- 1. DO NOT send dry or dead material.
2. Collect several samples showing various stages of symptom expression.
3. Send a representative sample from all parts of the plant.
4. For turfgrass, select a 2-4" sample (including at least 2" of soil) from the margin of the diseased area.
5. Wrap sample in dry paper towel or newspaper and place in a paper or plastic bag.
6. Submit a completed Plant Specimen Submission Form.

PACKING:

- 1. Keep sample cool prior to shipment.
2. Pack the sample carefully in a sturdy box or padded envelope.
3. Mail immediately (overnight delivery is recommended).

ADDRESS PACKAGE TO:

New Mexico State University
Attn: Plant Diagnostic Clinic
Box 30003, MSC 3AE
Las Cruces, NM 88003

For Overnight UPS or Fed Ex:

New Mexico State University
Attn: Plant Diagnostic Clinic
945 College Avenue
Skeen Hall Room N140
Las Cruces, NM 88003

PLEASE FILL OUT THE FOLLOWING:

Grower/Homeowner

Name, Address and Phone Number

Three horizontal lines for grower information.

Submitted by: (If different from grower)

Three horizontal lines for submitter information.

E-Mail Address: _____

Level of Diagnostic Services Requested (If no box is checked, diagnosis will be completed as needed):

- Basic evaluation (\$20.00 non-commercial, \$30.00 commercial, \$40.00 commercial turfgrass)
Extension or University submitted - no fee.
50% surcharge for out-of-state samples

Special request or instructions:

VARIETY (genus and species, and/or common name of plant) _____

AGE OF THE PLANT: _____ PLANTING DATE: _____

SYMPTOMS (circle all that apply):

Plant parts affected: roots, crowns, stems, branches, leaves, fruit, whole plant.

Symptoms: spots, tipburn, distortion, mosaic or mottle, chlorosis (yellowing), rot, necrosis, mildew, blisters, defoliation, wilt, dieback, blight, stunting, canker, galls

Description (be as specific as possible, describe the whole plant - remember the clinician is only seeing the specimen submitted). _____

When did symptoms first appear? _____

Are the symptoms (circle one): spreading or localized? _____

Symptom development (circle one): gradual or sudden? _____

Distribution of diseased plants (circle): scattered, clustered, in a row or pattern? _____

Number or percent of plant(s) infected _____

SOIL TYPE (circle all that apply): Sand, Silt, Clay, Well drained, Poorly drained, Heavy, Light.

GROWING CONDITIONS (circle all that apply): Indoors (home/office), Greenhouse, Home Garden, Lawn, Landscape, Organic Garden, Commercial Field. Other _____

WEATHER CONDITIONS (immediately prior to and during development of symptoms):

(Circle all that apply) Wet, Dry, Humid, Windy, Dusty, Hail

Temperature (°F) _____ Other Conditions _____

IRRIGATION HISTORY: (circle all that apply): Furrow, Flood, Drip, Sprinkler, Hand

How often? _____ How much water is applied? _____

FERTILIZATION HISTORY: (type, nutrient ratio, amount applied, and frequency of application)

CHEMICALS APPLIED (Chemical name, method and frequency of application and amount applied)

CROPPING HISTORY (for agricultural fields or home gardens)

Rotation (previous 3 years) _____

Past Problems (in field) _____

OTHER INFORMATION:

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Sample Condition:	Information Received:	
<input type="checkbox"/> Excellent / 1	<input type="checkbox"/> Complete / 1	<input type="checkbox"/> Photo or digital image
<input type="checkbox"/> Good / 2	<input type="checkbox"/> Partial, some useful information / 2	Quality? _____
<input type="checkbox"/> Fair / 3	<input type="checkbox"/> Incomplete / 3	
<input type="checkbox"/> Insufficient / 4	<input type="checkbox"/> None / 4	Total: _____
Diagnosis: Complete / Not Complete Explanation: _____		