



**Plant & Pest Diagnostic Clinic  
Specimen Identification Form**  
448 Plant Science Hall  
Lincoln, NE 68583-0722

For Lab Use Only		
Lab No. _____		
<u>Diagnostic Method</u>		
<input type="checkbox"/> Visual	<input type="checkbox"/> Culture	<input type="checkbox"/> Serological
<input type="checkbox"/> Cash	<input type="checkbox"/> Check No. _____	
Amt: _____		Date: _____
Called (Date & Initials): _____		

**SUBMITTER**

Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Mail reply to: ☐ Sub. ☐ Client  
 E-mail reply to: ☐ Sub. ☐ Client  
 Send bill to: ☐ Sub. ☐ Client

**Services Requested:**  
☐ Plant ID ☐ Plant Disease  
☐ Insect ☐ Chemical Injury  
☐ Weed ID ☐ Nematode Assay  
☐ Nutrient Deficiency  
☐ Other/Unknown

**CLIENT**

Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Sample Fee:**  
☐ Perform only basic diagnosis (\$25.00)  
☐ Please notify if advance analysis is needed (over \$25.00)  
☐ Perform advance testing needed (up to \$100.00)

**Make checks payable to "University of Nebraska"**

**Crop or Plant:** \_\_\_\_\_ **Variety/Cultivar:** \_\_\_\_\_ **Symptoms developed in:** \_\_\_\_\_  
 \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months  
**Date collected:** \_\_\_\_\_ **County of Origin:** \_\_\_\_\_  
 \_\_\_\_\_ Occurred in previous years

**Trees/shrubs/ornamentals:** Aprox age \_\_\_\_\_ Height: \_\_\_\_\_ Number of years at site: \_\_\_\_\_

<u>Location</u>	<u>Incidence</u>	<u>Symptoms</u>	<u>Parts Affected</u>	<u>Distribution</u>	<u>Field History</u>
<input type="checkbox"/> Field		<input type="checkbox"/> Abnormal growth	<input type="checkbox"/> Branches _____ %	<input type="checkbox"/> Certain variety	<b>Soil pH:</b> _____
<input type="checkbox"/> Pasture	_____ Acres	<input type="checkbox"/> Dead areas	<input type="checkbox"/> Entire plant	<input type="checkbox"/> Edge of planting	<b>Soil Drainage:</b>
<input type="checkbox"/> Nursery/Orchard	_____ Sq. ft	<input type="checkbox"/> Dieback	<input type="checkbox"/> Flowers	<input type="checkbox"/> General	<input type="checkbox"/> Good
<input type="checkbox"/> Golf Course	_____ % of area	<input type="checkbox"/> Leaf drop	<input type="checkbox"/> Fruits/seeds	<input type="checkbox"/> High areas	<input type="checkbox"/> Poor
<input type="checkbox"/> Lawn/Turfgrass	_____ % of area	<input type="checkbox"/> Leaf spot	<input type="checkbox"/> Leaves _____ %	<input type="checkbox"/> Low areas	
<input type="checkbox"/> Landscape	--Or--	<input type="checkbox"/> Rot	<input type="checkbox"/> Roots	<input type="checkbox"/> Scattered	<b>Previous Crop</b>
<input type="checkbox"/> Garden		<input type="checkbox"/> Stunted	<input type="checkbox"/> Stems	<input type="checkbox"/> Shaded areas	Yr 1: _____
<input type="checkbox"/> Home-Structural	_____ # of plants	<input type="checkbox"/> Wilted	<input type="checkbox"/> Trunk	<input type="checkbox"/> Spots	Yr 2: _____
<input type="checkbox"/> Other:	_____ % of plants	<input type="checkbox"/> Yellowed	<input type="checkbox"/> Other:	<input type="checkbox"/> Sunny areas	Yr 3: _____
		<input type="checkbox"/> Other:		<input type="checkbox"/> Wet areas	
				<input type="checkbox"/> Other:	

Planting date: \_\_\_\_\_

**Chemical history:** Please provide chemical name, application dates, and rates:

Fertilizer: \_\_\_\_\_  
 Seed treatment: \_\_\_\_\_  
 Herbicide: \_\_\_\_\_  
 Fungicide: \_\_\_\_\_  
 Insecticide: \_\_\_\_\_

**Tillage:** \_\_\_\_\_ **Irrigated:** ☐ Yes ☐ No

**Please describe problem. Include any details not covered above. Attach photos if possible. (Please use reverse side for more space)**