



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

For Lab Use Only

Lab No. _____

Diagnostic Method

Visual Culture Serological

Cash 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

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:

Date collected: _____ County of Origin: _____

_____ Days _____ Weeks _____ Months

_____ Occurred in previous years

Trees/shrubs/ornamentals: Aprox age _____ Height: _____ Number of years at site: _____

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