

**MAIL SAMPLES TO**

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FOR LAB USE ONLY**Sample No:****Collection date:****Received:****Paid: \$****PLANT PATHOLOGY DIAGNOSTIC CLINIC SAMPLE SUBMISSION FORM**

Please fill out all the information in three easy steps. Samples without adequate information will not be processed.

STEP 1: YOUR CONTACT INFORMATION

Submitted by:	Check one:	Submitted for:
Name:	Pest Control Adviser	Company:
Address:	Extension Agent	Address:
City/Zip:	Commercial Grower	City/Zip:
County:	Homeowner	County:
E-mail:	Research/Faculty	E-mail:
Phone:	Master Gardener	Phone:

STEP 2: HOST PLANT & SYMPTOM INFORMATION**Host Plant:****Cultivar:****Location**

Overall plant	Root	Stem/branch	Leaf	Flower/Fruit
stunted	galls/swelling	Galls/swelling	spotted/mosaic/mottle	spotted/mosaic
elongated	cankers	girdled	wilt/blight	discolor/blight
gnarled	rot	discolored	yellowing	rot
spotted/mosaic	wilted	dieback	chlorotic/necrotic spots	distorted/scabby
wilted/blighted	dieback	wilted	deformed	uneven ripening
yellowing	discolored	dark lesions	premature leaf fall	necrotic/chlorotic spots
other	other	other	other	other

STEP 3: PLANT PRODUCTION & HISTORY OF PROBLEM

Type of Planting	Symptom Prevalence	Symptom appearance	Recent sprays	Additional information
commercial field/orchard	entire planting	days	fertilizer	
garden/home	localized area	weeks	pesticides	
Nursery/greenhouse	scattered area	months	herbicides	
other	other	other	other	