



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:

CLIENT

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 (\$15.00)
Please notify if advance analysis is needed (over \$15.00)
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:

Table with 6 columns: Location, Incidence, Symptoms, Parts Affected, Distribution, Field History. Includes checkboxes for various plant parts and symptoms.

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)

Disclaimer: Any sample submitted to the Plant & Pest Diagnostic Clinic for analysis becomes the property of the University of Nebraska-Lincoln unless prior arrangements have been made.