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

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<tr>
<th>SUBMITTER</th>
<th>CLIENT</th>
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**Mail reply to:**  
- ☐ Sub. ☐ Client |  
- ☐ 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 of Nebraska"**

**Crop or Plant:** ____________  
**Variety/Cultivar:** ____________

**Date collected:** ______________  
**County of Origin:** ______________

**Trees/shrubs/ornamentals:**  
- Aprox age ________  
- Height: _______  
- Number of years at site: ____________

**Location**  
- ☐ Field  
- ☐ Pasture  
- ☐ Nursery/Orchard  
- ☐ Golf Course  
- ☐ Lawn/Turfgrass  
- ☐ Landscape  
- ☐ Garden  
- ☐ Home-Structural  
- ☐ Other:

**Incidence**  
- Acres  
- Sq. ft  
- % of area  
- % of plants

**Symptoms**  
- ☐ Abnormal growth  
- ☐ Dead areas  
- ☐ Dieback  
- ☐ Leaf drop  
- ☐ Leaf spot  
- ☐ Rot  
- ☐ Stunted  
- ☐ Wilted  
- ☐ Yellowed  
- ☐ Other:

**Parts Affected**  
- ☐ Branches %  
- ☐ Entire plant  
- ☐ Flowers  
- ☐ Fruits/seeds  
- ☐ Leaves %  
- ☐ Roots  
- ☐ Stems  
- ☐ Trunk  
- ☐ Other:

**Distribution**  
- ☐ Certain variety  
- ☐ Edge of planting  
- ☐ General  
- ☐ High areas  
- ☐ Low areas  
- ☐ Scattered  
- ☐ Shaded areas  
- ☐ Spots  
- ☐ Sunny areas  
- ☐ Wet areas  
- ☐ Other:

**Field History**  
**Soil pH:** ________

**Soil Drainage:**  
- ☐ Good  
- ☐ Poor

**Previous Crop**  
- Yr 1: ____________  
- Yr 2: ____________  
- Yr 3: ____________

**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)