****[](http://nv.gov/)

**NEVADA DEPARTMENT OF AGRICULTURE**

**PLANT PATHOLOGY LABORATORY (PPL)**

**405 S. 21ST STREET, SPARKS, NV 89431**

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**PLANT SAMPLE SUBMISSION FORM**

**Sample Unique ID #:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SENDER** | **FULL NAME OF SENDER (Print clearly)** | | | **DATE OF SUBMISSION** | | | | **SENDER’S SAMPLE TRACKING NUMBER** | |
|  | **EMAIL ADDRESS TO RECEIVE REPORT (Print clearly)** | | | | | | | **OTHER CONTACT INFORMATION** | |
|  |  | | | | | | | Work Phone: | |
|  | **MAILING ADDRESS (Print clearly)** | | | | | | | Home Phone: | |
|  | Street: | | | | | | | Cellular Phone: | |
|  | City/State/Zip: | | | | | | | Fax: | |
| **SERVICE** | **GENERAL DIAGNOSIS** | | | **REGULATORY DIAGNOSIS** | | | | **LAB TEST & ID** | |
|  | Problem of House Plants | | | Nursery or Port of Entry Inspection | | | | Nematode Analysis | |
|  | Problem of Home Yard Plants and Trees | | | *P. ramorum* Trace Forward | | | | Genetic Modified Organism (GMO) Test | |
|  | Problem of Plants in Nurseries | | | Seed Potato Certification | | | | Specific Pathogen Test (Specify): | |
|  | Problem of Plants in Commercial Landscape | | | Alfalfa Crop Inspection | | | | Insect Identification (Do not use this form) | |
|  | Problem of Agricultural Crops | | | Allium Crop Inspection | | | | Weed Identification (Do not use this form) | |
|  | Problem of Forest Trees | | | Phytosanitary Inspection | | | | Pesticide Analysis (Do not use this form) | |
| **HOST DATA** | **COMMON NAME OF PLANT** | | **SCIENTIFIC NAME OF PLANT** | | | | | **APPROXIMATE AGE OF PLANT** | |
|  | **DAMAGE CHARACTERISTICS** | | **AFFECTED PLANT PARTS** (“X” All Applicable) | | | | | **PLANT SYMPTOM** (“X” All Applicable) | |
|  | Limited or isolated (few plants)  Edge of lawn or field  Scattered patches or circles  Entire tree or shrub affected  All plants of same species affected  Multiple plant species affected  Sudden damage or death (1-4 wks.)  Slowly progressive | | Leaves  Petiole  Stem  Trunk, Bark  Branches  Growing Tips  Twigs  Frond | | Roots  Bulbs, Tubes, Corms  Buds  Flowers  Blossoms  Fruits or Nuts  Seeds  Other | | | Abnormal Growth  Leaf Blight  Leaf Chlorosis  Leaf Spot  Leaf Rust  Stem Canker  Stem Rust  Scorch or Burn | Dieback  Fruit Rot  Galls  Stunting  Root Rot  Wilt  Sudden Death  Other: |
| **Sample** | **Type of Sample** | | **Location of Sample** | | | | | **State Inspector Use Only** | |
|  | Flower  Fruit  Leaf  Branch  Twig | Bark  Root  Soil  Whole plant  Other | County: | | | Longitude: | | NURSERY/FIELD: | |
|  |  |  | Street: | | |  | | REMARKS: | |
|  |  |  | City: | | | Latitude: | |  | |
|  |  |  | Zip: | | |  | |  | |
| **Culture** | **Irrigation Type:**  Drip  Sprinkler  Overhead  Manual  No Irrigation  Never Checked  Don’t Know  N/A | | | | | | | | |
|  | **Watering Frequency:**  2 Days/Week  3 Days/Week  Everyday  Don’t Know  Other (Specify): | | | | | | | | |
|  | **Fertilization Frequency:**  Every Month  Every 3-6 Months  Never  Don’t Know  Other (Specify): | | | | | | | | |
|  | **Spray in Last 6 Months:**  Insecticide  Herbicide  Fungicide  Bactericide  Other (Specify): | | | | | | | | |
| **REPORT** | **USE OF DIAGNOSTIC REPORT** | | | **SENDER’S CATEGORY** | | | | | |
|  | For My Information Only  For My Clients  For State and Federal Programs  For an Insurance Claim  For a Legal Case | | | Homeowner  Nursery Employee  Landscape Professional  Pesticide Applicator  Private Consultant or Arborist | | | Farmer or Producer  University of Nevada Cooperative Extension  State Inspector  Federal Inspector  Other (Specify): | | |
| **DESCRIBE THE NATURE AND EXTENT OF THE PROBLEM:** | | | | | | | | | |