



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