# PLANT SAMPLE SUBMISSION FORM

## 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:
  - Home Phone:
  - Street:
  - City/State/Zip:
  - Fax:

## MAILING ADDRESS
- **MAILING ADDRESS (Print clearly):**
- **NAME OF SENDER:**
- **ADDR:**
- **EMAIL:**
- **FULL ADDRESS:**

## SERVICE
- **GENERAL DIAGNOSIS:**
- **REGULATORY DIAGNOSIS:**
- **LAB TEST & ID:**

## HOST DATA
- **HOST DATA:**
  - **Damage Characteristics:**
    - 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
  - **Affected Plant Parts ("X" All Applicable):**
    - Leaves
    - Petiole
    - Stem
    - Trunk, Bark
    - Branches
    - Growing Tips
    - Twigs
    - Frond
  - **Plant Symptoms ("X" All Applicable):**
    - Abnormal Growth
    - Dieback
    - Leaf Blight
    - Leaf Chlorosis
    - Leaf Spot
    - Stem Canker
    - Stem Rust
    - Scorch or Burn

## COMMON NAME OF PLANT
- **COMMON NAME OF PLANT:**
- **SCIENTIFIC NAME OF PLANT:**
- **APPROXIMATE AGE OF PLANT:**

## DAMAGE CHARACTERISTICS
- **Damage Characteristics:**

## AFFECTED PLANT PARTS
- **Affected Plant Parts:**

## PLANT SYMPTOMS
- **Plant Symptoms:**

## LOCATION OF SAMPLE
- **Location of Sample:**

## NURSERY/FIELD
- **NURSERY/FIELD:**

## REMARKS
- **REMARKS:**

## Irrigation Type
- **Irrigation Type:**
  - Drip
  - Sprinkler
  - Overhead
  - Manual
  - No Irrigation
  - Never Checked
  - Don’t Know
  - N/A

## Watering Frequency
- **Watering Frequency:**
  - 2 Days/Week
  - 3 Days/Week
  - Everyday
  - Don’t Know
  - Other (Specify):

## Fertilization Frequency
- **Fertilization Frequency:**
  - Every Month
  - Every 3-6 Months
  - Never
  - Don’t Know
  - Other (Specify):

## Spray in Last 6 Months
- **Spray in Last 6 Months:**
  - Insecticide
  - Herbicide
  - Fungicide
  - Bactericide
  - Other (Specify):

## USE OF DIAGNOSTIC REPORT
- **Use of Diagnostic Report:**
  - For My Information Only
  - For My Clients
  - For State and Federal Programs
  - For an Insurance Claim
  - For a Legal Case

## SENDER'S CATEGORY
- **Sender's Category:**
  - 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:

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**Sample Unique ID #:**

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