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**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:**      |