



Plant Diagnostic Clinic

Website: <https://agsci.colostate.edu/agbio/plantclinic/>
Email: csuplantlab@colostate.edu
Phone: (970) 491-6950

Mailing Address:
4780 National Western Drive
T-316 Terra, CSU Spur
Denver, CO 80216

Plant Disease Diagnosis Sample Submission Form

Contact Information:

Name: _____
Business: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Submitter Is:

- | | |
|---|--|
| <input type="checkbox"/> Homeowner/
gardener | <input type="checkbox"/> Landscaping/lawn
co. |
| <input type="checkbox"/> Extension agent | <input type="checkbox"/> Farmer |
| <input type="checkbox"/> Arborist/tree care co. | <input type="checkbox"/> Golf course |
| <input type="checkbox"/> Nursery/garden
center | <input type="checkbox"/> Other: _____ |

Sample Fee:

- General diagnosis only (\$30) Contact before advanced testing (additional charges) Proceed with advanced testing if needed (up to \$100)

Date sample collected: _____

Date sample submitted: _____

Sample Collection Information:

Plant species: _____ Plant variety: _____ Origin County: _____

Sample Collection Location or Coordinates: _____

Sample Collection Site: <input type="checkbox"/> Home grounds <input type="checkbox"/> Household (indoors) <input type="checkbox"/> Greenhouse <input type="checkbox"/> Nursery <input type="checkbox"/> Commercial grounds <input type="checkbox"/> Golf course <input type="checkbox"/> Orchard/vineyard <input type="checkbox"/> Pasture/rangeland <input type="checkbox"/> Field crops <input type="checkbox"/> Other: _____	Plant Parts Affected: <input type="checkbox"/> Branches/twigs <input type="checkbox"/> Bulbs/rhizomes <input type="checkbox"/> Crown <input type="checkbox"/> Flowers <input type="checkbox"/> Fruit/seed <input type="checkbox"/> Growing tips <input type="checkbox"/> Leaves/needles <input type="checkbox"/> Roots <input type="checkbox"/> Stem/stalk <input type="checkbox"/> Trunk <input type="checkbox"/> Tubers <input type="checkbox"/> Other: _____	Symptoms: <input type="checkbox"/> Browning/scorched <input type="checkbox"/> Yellowing <input type="checkbox"/> Leaf spot <input type="checkbox"/> Wilted <input type="checkbox"/> Leaves dropping <input type="checkbox"/> Stunted <input type="checkbox"/> Dieback <input type="checkbox"/> Distortion/curling <input type="checkbox"/> Rot <input type="checkbox"/> Scabby lesions <input type="checkbox"/> Shoot/tip blight <input type="checkbox"/> Witches broom <input type="checkbox"/> Insect damage <input type="checkbox"/> Mold <input type="checkbox"/> Other: _____	Distribution on Plant: <input type="checkbox"/> Current season's growth <input type="checkbox"/> Previous season's growth <input type="checkbox"/> Bottom of plant <input type="checkbox"/> Top of plant <input type="checkbox"/> Scattered <input type="checkbox"/> Other: _____ Distribution at Site: <input type="checkbox"/> Dry area <input type="checkbox"/> Wet area <input type="checkbox"/> Entire planting <input type="checkbox"/> Single plant <input type="checkbox"/> Groups of plants <input type="checkbox"/> Scattered plants <input type="checkbox"/> Certain varieties <input type="checkbox"/> Other: _____
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Describe plant history and care:

Please provide details such as plant age, fertilizers, pesticides, water, symptom onset, etc. Use back of page if needed.

Please email images to csuplantlab@colostate.edu

Diagnoses may take up to two weeks. You will receive a report and invoice for payment once diagnosis is complete.

For Clinic Use Only

Date Received: _____	Material Submitted: _____	Comp	Ans	Inv	Rep	Pai
Clinic Notes:		Clinic ID#:				