



Plant Diagnostic Clinic

Website: <https://agsci.colostate.edu/agbio/plantclinic/>
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4780 National Western Drive
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Denver, CO 80216

Pathogen Detection and Screening Submission Form

Submitter Contact Information: (submitting agency/individual)

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

Submitter Is:

- Farmer
- Greenhouse/hydroponic
- Nursery/garden center
- Regulatory agency
- Crop consultant
- Other: _____

Sample Collection Site:

- Greenhouse
- Nursery (field grown)
- Nursery (container)
- Field crops
- Orchard/vineyard
- Other: _____

Sample is:

- Seed
- Soil
- Water
- Plant Material

Plant Species: _____

Variety: _____

Number of samples submitted: _____

Date Submitted: _____

Origin County: _____

Sample Collection Location/Coordinates: _____

Pathogen(s) to screen for: _____

Service: Detection (presence/absence of pathogen) Quantification (how much pathogen is present)

Sample Information:

Please include the relevant information in this section. Leave non-applicable sections blank. You may use this section or attach your own separate documents with the relevant sample information.

Sample # or ID	Grower/Farm	Field	Zone	Date Collected

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

For Clinic Use Only

Date Received: _____ (check) Info sheet is attached Material submitted: _____

Clinic Notes:	Clinic ID#:
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