



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: _____ Okay to text: yes no
Email: _____

Internal Client (requires CSU email):

Researcher Faculty/Staff
 Extension agent
 Referred by extension agent:

Name: _____ Email: _____

External Client:

Farmer Nursery/Garden center
 Arborist Landscaping/lawn
 Homeowner Other: _____

Sample Fee:

General diagnosis (\$35 external, \$20 internal) Proceed with advanced testing if needed (up to \$120) Contact before advanced testing (additional charges)

Date sample collected: _____

Date sample submitted: _____

Sample Collection Information:

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

Sample Collection Location: _____

Sample Collection Site:

- Home grounds
- Household (indoors)
- Greenhouse
- Nursery
- Commercial grounds
- Golf course
- Orchard/vineyard
- Pasture/rangeland
- Field crops
- Other: _____

Distribution at Site:

- Certain varieties
- Dry area
- Entire planting
- Groups of plants
- Planting edge
- Scattered plants
- Single plant
- Wet area
- Other: _____

Symptoms:

- Browning/scorched
- Yellowing
- Leaf spot
- Wilted
- Leaves dropping
- Stunted
- Dieback
- Distortion/curling
- Rot
- Scabby lesions
- Shoot/tip blight
- Witches broom
- Insect damage
- Mold
- Other: _____

Plant Parts Affected:

- Branches/twigs
- Bulbs/rhizomes
- Crown
- Flowers
- Fruit/seed
- Growing tips
- Leaves/needles
- Roots
- Stem/stalk
- Trunk
- Tubers
- Other: _____

Describe plant history and care:

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

Please email images to csuplantlab@colostate.edu

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

For Clinic Use Only

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Date Received: _____ Material Submitted: _____

Clinic Notes:

Clinic ID#: _____



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Sample Triage:

Pathogen Insect/Arthropod Abiotic Unknown

Pictures taken Employee: _____ Date: _____

PDIS Check-in Employee: _____ Date: _____

1st contact with customer Employee: _____ Date: _____

Advanced Testing:

Basic:

Moist incubation chamber Employee: _____ Date: _____

Leaf sample for RNA/DNA (store in -80C) Employee: _____ Date: _____

Leaf press Employee: _____ Date: _____

Culture: NA PDA V8 Other: _____ Employee: _____ Date: _____

Molecular:

DNA/RNA extraction for ID Target(s): _____ Employee: _____ Date: _____

16s/ITS PCR for ID NA Employee: _____ Date: _____

Blast Analysis for ID NA Employee: _____ Date: _____

Conventional PCR Target(s): _____ Employee: _____ Date: _____

qPCR Target(s): _____ Employee: _____ Date: _____

RT-PCR Target(s): _____ Employee: _____ Date: _____

Serological-ImmunoStrip:

Xanthomonas spp. (Xan) Tobacco mosaic virus (TMV) *Pantoea stewartii* (Ps)

Phytophthora spp. (Phty) Poty virus group (Poty) *Pseudomonas* spp.

Cucumber mosaic virus (CMV) Alfalfa mosaic virus (AMV) *Ralstonia solanacearum* (Rs)

Tomato spotted wilt virus (TSWV) Impatiens necrotic spot virus (INSV) *Erwinia amylovera* (Ea)

Employee: _____ Date: _____

Serological-ELISA:

Target: _____ Target: _____ Target: _____

Employee: _____ Date: _____

NOTES:

Out-of-state: Yes No

Autoclaved

Date: _____

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Date Received: _____ Material Submitted: _____

Clinic Notes:

Clinic ID#: