



Department of Plant Pathology - OARDC  
 Selby Hall, 1680 Madison Ave. Wooster, OH 44691  
 Fruit and Vegetable Pathology  
 Dr. Melanie Ivey – Dr. Sally Miller  
**ivey.14@osu.edu - miller.769@osu.edu**  
 Phone: 330-263-3678 Fax: 330-263-3841

**Staff only**

Lab I.D. No: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Processed by: \_\_\_\_\_  
 Date sample received: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
 Diagnostic fee (if applicable): \_\_\_\_\_

**Plant Sample Submission Form**

Please complete all sections of this form and attach any additional information to this form.

**CONTACT INFORMATION**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip code: \_\_\_\_\_ County \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Submitter

Extension office for commercial grower/company  
 Extension office for homeowner/home gardener  
 Agribusiness  
 Crop consultant

Grower/farmer  
 Homeowner/home gardener  
 Researcher/specialist

**SEND RESULTS TO:**

Submitter  
 Client  
 E-mail  
 Fax  
 Standard mail  
 Phone

**GROWER INFORMATION**

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Client type: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip code \_\_\_\_\_  
 County \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

**SAMPLE INFORMATION**

Crop \_\_\_\_\_  **Fruit**  
 Variety \_\_\_\_\_  **Vegetable**  
 Date collected \_\_\_\_\_

Greenhouse/hydroponic  
 High tunnel  
 Open field

Conventional  
 Organic

**Describe problem, symptoms, disease distribution, and other relevant information:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**When did the symptoms first appear?**

\_\_\_\_\_

**Did the problem occur before? If yes, when?** \_\_\_\_\_

**If yes, previous crop?** \_\_\_\_\_

**Treatments applied (Fertilizer, Fungicide, Insecticide, Herbicide, Other):**

<u>Material</u>	<u>Rate</u>	<u>Application date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SIZE OF PLANTING:** \_\_\_\_\_ acres  
 \_\_\_\_\_ number of plants

**% Plants affected (incidence):** \_\_\_\_\_  
**% Overall leaf area diseased (severity):** \_\_\_\_\_

**SOIL/MEDIA TYPE**

- Sandy  
 Clay  
 Loam
- Hydroponic  
 Potting mix

**DRAINAGE**

- Good  
 Fair  
 Poor

**PLANT PART AFFECTED**

- Leaves  
 Roots/bulb/rhizome  
 Stems  
 Crown  
 Branches/twigs  
 Fruit  
 Seeds  
 Flowers  
 Entire plant

**WEATHER CONDITIONS**

- High winds  
 Frost  
 Hail recently  
 Heavy rain  
 Drought  
 High Ozone level



The Ohio State University/OARDC  
Department of Plant Pathology  
Fruit and Vegetable Pathology Lab

<b>Staff only</b> Lab I.D. No: _____ Date completed: _____ Diagnostic fee (if applicable): _____
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### Plant Disease Diagnosis Form

<b>Date sample received:</b> _____ <b>Sample received by:</b> _____
<b>Sample processed by:</b> _____

<b>VISUAL OBSERVATION:</b> _____ _____ _____
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<b>LAB METHODS</b>
<b>MICROSCOPY:</b> _____ _____
<b>INCUBATION:</b> _____
<b>CULTURING:</b> _____

<b>IDENTIFICATION:</b>
<b>SEROLOGY:</b> _____
<b>PCR:</b> _____
<b>BIOASSAYS:</b> _____
<b>BIOCHEMICAL:</b> _____
<b>OTHER:</b> _____

<b>DIAGNOSIS:</b>
<b>Common name:</b> _____ <b>Scientific name:</b> _____
<input type="checkbox"/> Undetected
<b>Diagnostician:</b> _____
<b>Advisory consultant:</b> _____
<b>Date:</b> _____ <b>Signature:</b> _____
Submitter/Client informed by: _____, on _____ (date), via _____ (in person, email, phone etc.)