

Plant & Pest Diagnostic Laboratory

LSPS – Room 116, Purdue University
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<http://www.ppdl.purdue.edu>



(PPDL-1-W) 11/14

Office Use Only: Date received: _____

Sample #: _____

Account #: _____

Date: _____

Submitter's Name _____

Business _____

Address _____

City/State/Zip _____

County _____ Phone _____

Fax _____ Email _____

Client's Name _____

Business _____

Address _____

City/State/Zip _____

County _____ Phone _____

Fax _____ Email _____

Please include a check or money order (payable to Purdue University) for \$11 per sample (\$22 out-of-state clients). DO NOT SEND CASH.

Send invoice to Submitter Client

Additional Testing Fees Approval:

- Perform rapid serological testing if needed (\$25)
- Perform DNA testing if needed (\$50)

- Mail reply to: Submitter Client
- Fax reply to: Submitter Client
- Email reply to: Submitter Client
- Copy Extension Educator

Information about Submitter/Client (please check one each for submitter and client)

Submitter	Client	Submitter	Client	(continued)
_____	_____	_____	_____	Extension Educator
_____	_____	_____	_____	Homeowner
_____	_____	_____	_____	Farmer
_____	_____	_____	_____	Dealer/Industry Rep.
_____	_____	_____	_____	Golf Course
_____	_____	_____	_____	Landscaper
_____	_____	_____	_____	Greenhouse
_____	_____	_____	_____	Pest Control Operator
_____	_____	_____	_____	Nursery
_____	_____	_____	_____	Lawn or Tree Care Co.
_____	_____	_____	_____	Garden Center
_____	_____	_____	_____	Consultant
_____	_____	_____	_____	Purdue Specialist
_____	_____	_____	_____	Other _____

Check information desired:

- _____ Problem identification
- _____ Specimen identification
- _____ Control recommendations
- _____ Other _____

Plant and Pest Information

Plant or Host: _____ Cultivar/Variety: _____

Location (choose one):

- In dwelling
- Tree/Shrub
- Turf/Lawn
- Golf Course
- Flower bed
- Vegetable garden
- Field/Farm
- Greenhouse
- Nursery
- Orchard
- Animal/Human
- Aquatic
- Stored grain/Food products
- Other _____

Degree of Damage (choose one):

- Heavy
- Medium
- Light

Insect Problem? (choose one):

- Damaging plant
- Biting/Stinging
- Infesting food
- Nuisance

for Plant/Weed Identification Only

Plant type:

- Tree Deciduous
- Shrub Evergreen
- Vine
- Groundcover
- Herbaceous

Plant size:

- Height
- Width

Flowers:

- Color
- Month(s)
- Size

Fruits:

- Color
- Month(s)
- Size

Plant age:

- Annual
- Perennial (# years _____)

Unique features (bark, leaves, odor, thorns, etc.): _____

Additional Plant and Site Information

Approximate age: _____ Height: _____ Number of years at present site: _____

Exposure: _____ Full sun _____ Partial shade _____ Full shade _____ Windy _____ Protected _____ Irrigation frequency: _____

Root disturbance from: _____ sidewalks/driveway _____ construction activities (describe): _____

Size of planting: _____ % of plants affected: _____ Date first noticed problem: _____

Date planted: _____ Tillage practices: _____ Previous crop: _____

Chemicals/fertilizers applied (past 2 years)(include rates): _____

Soil type: _____ sandy _____ clay _____ silt _____ loam _____ organic _____ Soil pH: _____

DESCRIBE THE PROBLEM (Include symptoms, plant parts affected, pattern of occurrence, etc. Attach separate sheet if necessary):

Your tentative diagnosis/ID: _____