

**Plant & Pest Diagnostic Laboratory**

LSPS - Room 116, Purdue University  
915 Mitch Daniels Blvd.,  
West Lafayette, IN 47907-2054  
Phone: 765-494-7071  
Email: [ppdl-samples@purdue.edu](mailto:ppdl-samples@purdue.edu)  
Website: <http://www.ppdl.purdue.edu>



PPDL-Form-006-004

Office Use Only:
Sample #: _____
Date Received: _____
Account #: _____

# GENERAL SAMPLE SUBMISSION

<b>Submitter's Name</b> _____
Business _____
Address _____
City _____ State _____
Zip _____ County _____
Phone _____
Email _____
Submitter is:    Farmer        Consultant/Dealer
Greenhouse        Nursery
Lawn/Tree Care Co.    Home owner
Extension                Other: _____

<b>Client, Check if same as submitter.</b>
Client Name/Business _____
Address _____
City _____ State _____
Zip _____ County _____
Phone _____
Email _____
Client is:        Farmer        Consultant/Dealer
Greenhouse        Nursery
Lawn/Tree Care Co.    Home owner
Extension                Other: _____

Send results to:    Submitter    Client    Other (email): \_\_\_\_\_  
Send invoice to:    Submitter    Client    Other (email): \_\_\_\_\_

**Fees and Sampling information:**



Advanced testing?    Yes, up to \$50 (e.g. oak wilt, soybean BSR, species ID)

(Results are usually sent within 5 business days. Please watch your spam/junk folders and add [pdisnoreply@purdue.edu](mailto:pdisnoreply@purdue.edu) to your safe senders list. Invoices will be sent after sample completion with instructions on how to mail a check or pay online with a credit card.)

## Plant Information

**Plant/Host:** \_\_\_\_\_ **Cultivar/Variety:** \_\_\_\_\_ **Field ID:** \_\_\_\_\_

**Location:**    Landscape    Greenhouse    Nursery    Field    Other \_\_\_\_\_

Date planted \_\_\_\_\_ Approximate age of plant \_\_\_\_\_ % of plants affected: \_\_\_\_\_

Date first noticed problem: \_\_\_\_\_ Distribution:    Scattered    General    Other \_\_\_\_\_

Chemicals/fertilizers applied (include dates/rates): \_\_\_\_\_

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

Describe the problem (Include symptoms, plant parts affected, pattern of occurrence, etc. Attach separate sheet if necessary)

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

Your tentative diagnosis/ID or main concern: \_\_\_\_\_