

Plant & Pest Diagnostic Laboratory

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PPDL-Form-006-011

Office Use Only:
Sample #: _____
Date Received: _____
Account #: <u>2026 Cut Flower Growers</u>

2026 CUT FLOWER GROWER SAMPLES ONLY

Submitter's Name _____	
Business _____	
Address _____	
City _____	State _____
Zip _____	County _____
Phone _____	
Email _____	
Submitter is:	Farmer
Greenhouse	Nursery
Consultant	
Extension	Other: _____

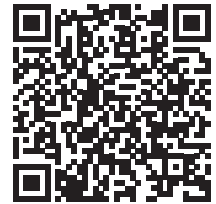
Client, Check if same as submitter.	
Client Name/Business _____	
Address _____	
City _____	State _____
Zip _____	County _____
Phone _____	
Email _____	
Client is:	Farmer
Greenhouse	Nursery
Consultant	
Extension	Other: _____

Sampling information:

Send results to: Submitter Client Other (email): _____

No charge for sample diagnosis for cut flower growers for the 2026 season when using this form.

(Results are usually sent within 5 business days. Please watch your spam/junk folders and add pdisnoreply@purdue.edu to your safe senders list.)



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: _____