

Michigan State University
Plant & Pest Diagnostics
 578 Wilson Road
 East Lansing, MI 48824-6469
 Office: (517) 355-4536
 Email: pestid@msu.edu
 Website: www.pestid.msu.edu



Lab Use Only	
Case #	_____
Date received:	_____
Diagnostic fee:	_____

Submitter

Name _____
 Business _____
 Address _____
 City/State/Zip _____
 Phone _____ FAX _____
 Email address _____

Grower/Other (if applicable)

Name _____
 Business _____
 Address _____
 City/State/Zip _____
 Phone _____ FAX _____
 Email address _____

Send report to: Submitter Grower/Other
Report preference: Email Mailed hard copy
**Report and invoice will be sent separately.*

Send invoice to: Submitter Grower/Other
Invoice preference: Email Mailed hard copy
PO or MSU account # _____

The background information you provide below enables a more efficient and accurate diagnosis. High-quality photos of the situation or landscape are highly encouraged and can be sent to pestid@msu.edu. Images will be emailed.

Plant/host _____ Cultivar/variety _____
 County where sample was collected _____ Sample reference _____
 Describe symptoms or injury _____

 When did symptoms first appear? _____

Plant parts affected
 Entire plant Trunk/stem
 Leaves/needles Roots
 Twigs/limbs Fruit
 Bud Flower

Type of planting
 Field Garden
 Greenhouse Nursery
 Other _____

Prevalence
 Entire planting
 Single area
 Few scattered plants
 Other _____

Soil type
 Sandy Clay
 Muck Silt loam
 Soilless media

Other background information
 Age of plant _____ How many plants affected? _____
 Planting date _____ How often watered? _____
 Height of plant _____ Sunny or shaded? _____

Additional information, including chemical history – List fertilizer, herbicide, insecticide, fungicide, and PGR applications with dates and rates used.

Insect/Arthropod Samples

Where was the insect found? _____ What was the insect doing there? _____
 How many insects are there? _____ If on plant, what plant species? _____

For **diagnostic fee details** contact the lab or www.pestid.msu.edu