

## Arthropod and Plant Disease Diagnostics Form

**INSTRUCTIONS:** Please complete all of the information in box A, then turn form over and complete EITHER box B for Insect Identification or box C for Plant Disease on the back. If you are unsure whether you have an insect or disease, please complete Section C.

A

Sample from my home     Commercial sample    Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name (if commercial): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax:(optional) \_\_\_\_\_

Email: (optional, may speed up response) \_\_\_\_\_

Have you previously contacted a County Extension Agent or Master Gardeners desk about this problem?  
 Yes             No

**For Office Use Only:**

**DIAGNOSIS:**

Response	Date: _____	Action Required	Entomologist(s) Responding
<input type="checkbox"/> Sent to: _____		<input type="checkbox"/> File Only	Michael Merchant _____
<input type="checkbox"/> Phone Call		<input type="checkbox"/> Mail	Allen Knutson _____
<input type="checkbox"/> Letter	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail and attach factsheet:	Kimberly Schofield _____
<input type="checkbox"/> Email	<input type="checkbox"/> Office Visit		<b>Pathologist Responding</b>
			Kevin Ong _____

**B**

**INSECT / ARTHROPOD PEST DAMAGE IDENTIFICATION**

*Complete this section for insect or arthropod identifications.*

*Please note that all information is necessary for accurate problem identification and prompt response.*

Date Sample Collected: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Feeding on plant Kind: \_\_\_\_\_

Feeding on animal Kind: \_\_\_\_\_

Found in or around home or structure Where: \_\_\_\_\_

Additional description, remarks on why sample being submitted, type of damage observed, other comments:

**C**

**PLANT DISEASE PROBLEM CHECKLIST**

*Complete this section for plant disease identification.*

*Please note that all information is necessary for accurate disease identification, diagnosis, and control recommendations.*

Date Sample Collected: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

PLANT: \_\_\_\_\_ Total # of plants: \_\_\_\_\_ # of plants affected: \_\_\_\_\_

VARIETY or CULTIVAR: \_\_\_\_\_ Age (year) or height (feet) of affected plants: \_\_\_\_\_

Planting Date: \_\_\_\_\_ Soil pH: \_\_\_\_\_ % of area affected on the plant: \_\_\_\_\_

**Please mark  all that apply.**

Location of plant(s):  Within 10 feet (3 meters) of building, pool, pavement, or road  Along Fence Row

Full sun (>6 hr sun/day)  Open (>20 feet from any structure)  Other: \_\_\_\_\_

Affected Part:  Whole plant  Branches/trunk  Foliage (leaves)  Flowers  Fruit  Roots

Symptoms:  Dead plant  Leaf spots  Canker/gall  Wilting  Rot  Yellowing

Stunting  Burns  Other: \_\_\_\_\_

Date first noticed: \_\_\_\_\_ Problem developed:  Suddenly  Gradually

Distribution of problem plant(s):  Isolated plant(s)  Scattered plants  Large area  Small localized area

Watering practices:  Sprinklers  Less than 3 times/week  Hand water  Daily

Drip system  More than 3 times/week  Variable/as needed  None

Additional description, remarks on why sample being submitted, any pesticides or fertilizers used in the last 30 days, other comments: