PLANT DISEASE DIAGNOSTICS SUBMISSION FORM

Send your plant sample with this completed form to:

Pest Management Office
Plant Disease Diagnostics Lab
491 College Avenue
Orono, ME 04473

Contact Information:
Plant Disease Diagnostics Lab: 207.581.3883
1-800-287-0279 (Within Maine)
plantdiseaseid@maine.edu

Please Provide:
Your Name: ___________________________ Phone Number: ___________________________
Email Address: ___________________________
Mailing Address: ________________________________________________________________
Zip Code: __________ County: _______________

Please provide the following information about your plant sample:
Plant Common Name: ___________________________ Scientific Name: ___________________________
Variety: ___________________________
Date Planted: __________ Date Collected: __________ Date Problem Appeared: __________
Physical Sample (Y/N): ____
Commercial (Y/N): ____
Sample Category (e.g. Vegetable): ___________________________
Material Submitted (e.g. Leaves): ___________________________
Age or size of the plant: ___________________________
Number of acres or plants: ___________________________
% of plants affected: ___________________________
Did it appear suddenly or gradually: ___________________________________________________
Is it getting worse or spreading: _______________________________________________________
Degree of injury (light, moderate, severe): _______________________________________________
Symptoms: __________________________________________________________________________

Distribution of Damage:
On Plant: __________________________________________________________________________
In Field: __________________________________________________________________________
Other Plants Affected: __________________________________________________________________________
Related to weather: _______________________________________________________________________
Pesticides Used: __________________________________________________________________________
Other Relevant Information: _______________________________________________________________

Please fill out form as completely as possible

Submitted By: ___________________________