

Plant Disease and General Diagnostic Form

Mail completed form and sample to:
Schutter Diagnostic Lab
Montana State University
119 Plant Bioscience Bldg.
P.O. Box 173150
Bozeman, MT 59717-3150

Date: _____ (MM/DD/YYYY)

Name: _____ Email: _____

Address: _____ City/County: _____

Zip/Area code: _____ Phone: _____

Send samples as soon as possible after collecting. Package in a sturdy container. Do not expose to extreme temperatures. Please fill all applicable fields on this form, including page 2.

Plant common or scientific name: _____

Variety: _____

Describe the problem: _____

Planting date, age, or size: _____

Approximate date the problem appeared: _____

Did the problem occur all at once? Yes No Is the problem getting worse? Yes No

Check all affected plant parts:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Branches/Twigs | <input type="checkbox"/> Growing Tips | <input type="checkbox"/> Stem/Stalk |
| <input type="checkbox"/> Flowers | <input type="checkbox"/> Leaves/Needles | <input type="checkbox"/> Trunk |
| <input type="checkbox"/> Fruit/Seed | <input type="checkbox"/> Roots | Other: _____ |

Check all visual symptoms or signs of the problem:

- | | | |
|--|---|---|
| <input type="checkbox"/> Browning/Scorched | <input type="checkbox"/> Root rot | <input type="checkbox"/> Dead areas |
| <input type="checkbox"/> Canker | <input type="checkbox"/> Rot | <input type="checkbox"/> Defoliation |
| <input type="checkbox"/> Damping off/Seedling blight | <input type="checkbox"/> Shoot/Tip blight | <input type="checkbox"/> Mold/webbing |
| <input type="checkbox"/> Dieback | <input type="checkbox"/> Soil discoloring | <input type="checkbox"/> Scarring |
| <input type="checkbox"/> Distortion/Cupping/Curling | <input type="checkbox"/> Stem rot | <input type="checkbox"/> Soil discoloring |
| <input type="checkbox"/> Galls | <input type="checkbox"/> Wilted | <input type="checkbox"/> Stunted |
| <input type="checkbox"/> Leaf spot | <input type="checkbox"/> Witches Broom | Other: _____ |
| <input type="checkbox"/> Poor growth | <input type="checkbox"/> Yellowing | |

Check all problem distribution areas:

- | | | |
|--|---|--------------|
| <input type="checkbox"/> Bottom of plant | <input type="checkbox"/> Previous season's growth | Other: _____ |
| <input type="checkbox"/> Current season's growth | <input type="checkbox"/> Scattered | |
| <input type="checkbox"/> One side of plant | <input type="checkbox"/> Top of plant | |

Describe the pattern of disease problem and the location or environment: _____

Irrigation practices: Drip None Overhead/hand Sprinklers Center Pivot Flood

Frequency: _____ Other: _____

If any insecticide, pesticide, fungicides applied, give type/rate/dates: _____

If any lawn treatments applied, give type/rate/dates: _____

If any soil amendments applied, give type/rate/dates: _____

Additional information: _____

A diagnostician will be in touch shortly after your submission is analyzed. Further information and additional forms are available on the Schutter Diagnostic Lab website: diagnostics.montana.edu

This section is for Extension Office use

Agent: _____ County: _____

Administrative staff/Personnel: _____

Email addresses that reports should be sent to: _____

Can a diagnostician contact the client with questions?

- Yes
- No