



Department of Plant Pathology - OARDC
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 Fruit and Vegetable Pathology
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Staff only

Lab I.D. No: _____
 Received by: _____
 Processed by: _____
 Date sample received: _____
 Date completed: _____
 Diagnostic fee (if applicable): _____

Plant Sample Submission Form

Please complete all sections of this form and attach any additional information to this form.

CONTACT INFORMATION

Name: _____ Company: _____
 Address: _____
 City, State, Zip code: _____ County _____
 Phone _____ Fax _____ E-mail _____

Submitter

Extension office for commercial grower/company
 Extension office for homeowner/home gardener
 Agribusiness
 Crop consultant

Grower/farmer
 Homeowner/home gardener
 Researcher/specialist

SEND RESULTS TO:

Submitter
 Client
 E-mail
 Fax
 Standard mail
 Phone

GROWER INFORMATION

Name: _____
 Company: _____
 Client type: _____
 Address: _____
 City, State, Zip code _____
 County _____
 Phone _____ Fax _____
 E-mail _____

SAMPLE INFORMATION

Crop _____ **Fruit**
 Variety _____ **Vegetable**
 Date collected _____

Greenhouse/hydroponic
 High tunnel
 Open field

Conventional
 Organic

Describe problem, symptoms, disease distribution, and other relevant information:

When did the symptoms first appear?

Did the problem occur before? If yes, when? _____

If yes, previous crop? _____

Treatments applied (Fertilizer, Fungicide, Insecticide, Herbicide, Other):

<u>Material</u>	<u>Rate</u>	<u>Application date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIZE OF PLANTING: _____ acres
 _____ number of plants

% Plants affected (incidence): _____
% Overall leaf area diseased (severity): _____

SOIL/MEDIA TYPE

- Sandy
 Clay
 Loam
- Hydroponic
 Potting mix

DRAINAGE

- Good
 Fair
 Poor

PLANT PART AFFECTED

- Leaves
 Roots/bulb/rhizome
 Stems
 Crown
 Branches/twigs
 Fruit
 Seeds
 Flowers
 Entire plant

WEATHER CONDITIONS

- High winds
 Frost
 Hail recently
 Heavy rain
 Drought
 High Ozone level



The Ohio State University/OARDC
Department of Plant Pathology
Fruit and Vegetable Pathology Lab

Staff Only
Lab I.D. No: _____
Date completed: _____
Diagnostic fee (if applicable): _____

Plant Disease Diagnosis Form

Date sample received: _____ Sample received by: _____
Sample processed by: _____

VISUAL OBSERVATION:

LAB METHODS
MICROSCOPY: _____

INCUBATION: _____
CULTURING: _____

IDENTIFICATION:
SEROLOGY: _____
PCR: _____
BIOASSAYS: _____
BIOCHEMICAL: _____
OTHER: _____

DIAGNOSIS:
Common name: _____ Scientific name: _____
 Undetected
Diagnostician:
Advisory consultant:

Date: _____ Signature: _____
Submitter/Client informed by: _____, on _____ (date),
via _____ (in person, email, phone etc.)