Lab	Use	Only	
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Michi	ga	n Sta	te	Univ	/ersi	ity
Plant	&	Pest	Dia	agno	stic	s

578 Wilson Road East Lansing, MI 48824-6469 Office: 517.355.4536 Email: <u>pestid@msu.edu</u> Website: <u>www.pestid.msu.edu</u>



Submitter

Grower/Other (if applicable)

Name			Name								
Business Address City/State/Zip Phone FAX Fax <			_ Address								
								PhoneFAX			
			Plant or sampl	e type:							
			State county where Describe symptom	e sample was collec s or injury		Samp	le reference				
Plant parts affect		Type of planting		Prevalence							
•	 Trunk/stem Roots 	 Field Greenhouse Other 	•	 Entire plantin Single area Few scattere 	-						
Soil type		Other backgroun	d information								
 Sandy Muck Soilless media 	□ Clay □ Silt Ioam	Age of plant Planting date Height of plant		How often watered?							
Chemical history	– List fertilizer, her	bicide, insecticide, fu	ngicide, and PGR	applications includ	ing date and rate used						
		Insect/Arthro	pod Samples								
Where was the insect found? How many insects are there?											
		Plant/Weed	ID Samples								
Plant type Tree Shrub Vine 	 Groundcover Herbaceous Grass 	Plant size Height Width	Fruit Color Size Month	Size							
USE REVERSE SIDE TO PI		gnostic fee details contac IFORMATION	t the lab or www.pe	MSU-DS-Form-0	12-001 version 7.0 (Mar2022) mit Number P526P-21-06634						