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 04473-1295

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: ___________________________ Submission Date: ___________

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