PLANT DISEASE DIAGNOSTICS SUBMISSION FORM

Send your plant sample with this completed form to:

Pest Management Unit
Plant Disease Diagnostics Lab
17 Godfrey Drive
Orono, ME 04473-3692

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:_______________________________

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