

PLANT DISEASE DIAGNOSTIC SUBMISSION FORM

LAB STAFF ONLY
 PDDL # _____
 Date Rec: _____
 Date Pay Rec: _____

Resubmission?	Payment Information:	Send Results to:
Yes No If yes, include applicable case # Digital _____ Physical _____	I have attached a check payable to the University of Maine I have called the number listed and paid by card Test Code(s) # _____	Check all that apply Submitter Client

Submitter Information:	Client Information:
Name: _____ Business/Farm Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Email: _____ Check all that apply: <input type="checkbox"/> Commercial (grower, consultant, pest control) <input type="checkbox"/> Gardener <input type="checkbox"/> UMaine Extension or Researcher	Name: _____ Business/Farm Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Email: _____ Check all that apply: <input type="checkbox"/> Commercial (grower, consultant, pest control) <input type="checkbox"/> Gardener <input type="checkbox"/> UMaine Extension or Researcher

Please provide the following information about your plant sample:

Plant common name: _____ Scientific name: _____ Cultivar or variety: _____
 Date planted: _____ Date collected: _____ Date problem appeared: _____
 Sample category (e.g. vegetable, woody, ornamental, turf): _____ Hemp license #: _____
 Material submitted (e.g. leaves): _____
 Number of plants affected: _____ Percentage (%) of plants affected: _____
 Did it appear: suddenly gradually
 Is it: getting worse staying the same
 Degree of injury: light moderate severe
 Symptoms: _____

Distribution of Damage:

single plant
 scattered plants
 groups of plants
 entire planting

Other plant species affected? _____
 Related to weather? _____
 Pesticides used in last 30 days: _____ Date used: _____
 Other relevant information: _____

Sample Submission Guidelines

Mail sample to:

Plant Disease Diagnostic Lab • 17 Godfrey Drive • Orono, ME • 04473-3692 • 207-581-3878

General Plant Disease Identification: (001) \$18.00 for in-state | (001a) \$38 for out-of-state

Most samples sent to the lab are for General Plant Disease Identification. If you do not know the disease you have, this is the test you would want to request.

1. Examine all plant parts and determine the parts which you believe to be diseased (remember that diseased roots can cause wilted leaves). Ideally the whole plant should be sent when possible.
2. Place root ball in a plastic bag with some soil and tie it so the soil doesn't contaminate the foliage. Wrap the plant in a barely damp paper towel or newspaper and place the entire plant in a sealed plastic bag.
3. If the plant is too large to make the above possible:
 - Place fresh leaves in a sealed plastic bag that include healthy and symptomatic leaves.
 - Place cut stems in another sealed plastic bag.
 - Shake roots free of soil, wrap in a barely damp paper towel and place in plastic bag.
4. Please mark sample packages with "Warning" if sample has thorns or spines.
5. Samples should be packaged and sent as quickly as possible. If the sample cannot be sent the same day, it should be kept refrigerated to limit degradation.
6. When sending samples through the mail, try to mail early in the week so samples will not sit over the weekend.
7. All samples must be sent with a completed Plant Disease Diagnostic Submission Form. Provide complete information on the form and keep the form separate from the sample. **Limit sample information to one (1) sample per form and indicate which form goes with each sample.** You are encouraged to include any other pertinent information in addition to that on the form.

Garlic Seed Testing: (002) \$38 fee per sample of 5 bulbs for in-state | (002a) \$68 for out-of-state samples

Includes testing for bloat nematode, white rot, and Botrytis neck and bulb rot.

- Collect five whole plants between June 15th and July 30th.
- Send weak or stunted plants starting to decline, if present. If not, select garlic plants randomly.
- If garlic is planted in multiple fields separated by 100 feet or more, each field requires a separate sample.
- Cut the tops off the garlic, leaving the bulb and about a foot of above-ground plant.
- Wrap the five bulbs in dry newspaper and place the newspaper in a sealed plastic bag.
- Keep the sample cool until shipping, which should be done at the beginning of the week.
- Complete the Plant Disease Diagnostic Submission Form and include it with the sample.
- **Limit sample information to one (1) sample per form and indicate which form goes with each sample.**

Specialized Test Codes (only when appropriately suspected – see website or barcode for additional fee amount)

Bloat Nematode Soil Test: 003
 Beech Leaf Disease Molecular Test: 004
 Verticillium Wilt Soil Test: 005
 Verticillium Tissue Molecular Test: 006
 Colletotrichum Tissue Molecular Test: 007
 Phytoplasma Molecular Test: 008
 Fire Blight Molecular Test: 009

ToBRFV Seed Molecular Test: 010
 ToBRFV Tissue Molecular Test: 011
 Dahlia Virus Molecular Test (DMV / DCMV): 012
 PVY Strain Molecular Test: 013
 Potyvirus Molecular Test: 014
 Phytophthora Serological Test: 015
 Grain Testing for Export: 016

Scan for test prices



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