



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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