



TEXAS PLANT DISEASE DIAGNOSTIC LABORATORY

1500 Research Parkway, Suite A130
Texas A&M University Research Park
College Station, Texas 77845
e-mail: plantclinic@ag.tamu.edu phone: 979.845.8032 fax: 979.845.6499
http://plantclinic.tamu.edu

TPDDL use only.
Sample #: _____
Pmt type: _____
Amt: _____
 Photo _____

Accurate disease identification, diagnosis and management recommendations are dependent on submission of appropriate specimen with thorough background information. Incomplete information and/or poor sample may lead to inaccurate diagnosis. Refer to the back of this form for sampling and mailing instructions.

PLANT DISEASE DIAGNOSIS FORM

SUBMITTER CONTACT INFORMATION (PLEASE PRINT)		GROWER CONTACT INFORMATION (please complete if different from submitter)	
Name: _____		Name: _____	
Company Name (if commercial): _____		Company Name (if commercial): _____	
Address: _____		Address: _____	
City: _____	County: _____	State/Zip: _____	
City: _____	County: _____	State/Zip: _____	
Phone: _____	Fax: _____	Phone: _____	Fax: _____
E-mail: _____		E-mail: _____	
Submitter is <input type="checkbox"/> Extension personnel <input type="checkbox"/> Homeowner* <input type="checkbox"/> Farmer <input type="checkbox"/> Consultant <input type="checkbox"/> Golf course <input type="checkbox"/> Lawn/Tree Care Co. <input type="checkbox"/> Nursery/Greenhouse/Garden Center <input type="checkbox"/> Dealer Distributor <input type="checkbox"/> Other		Grower is <input type="checkbox"/> Extension personnel <input type="checkbox"/> Homeowner* <input type="checkbox"/> Farmer <input type="checkbox"/> Consultant <input type="checkbox"/> Golf course <input type="checkbox"/> Lawn/Tree Care Co. <input type="checkbox"/> Nursery/Greenhouse/Garden Center <input type="checkbox"/> Dealer Distributor <input type="checkbox"/> Other	
Send results to: <input type="checkbox"/> Submitter <input type="checkbox"/> Grower Send result via: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Standard mail <input type="checkbox"/> Send copy to County AgriLife Extension Agent *HOMEOWNER - County Agent will be cc: report unless specified <input type="checkbox"/> do not notify			

Please complete form for diagnostic services. Please PRINT and mark all that apply.

PLANT: _____ **variety/cultivar:** _____

Planting date: _____ **% of plants affected:** _____ **% of area affected on the plant:** _____

Date first noticed: _____ **Soil pH:** _____ **Problem developed:** Suddenly Gradually

If you have consulted other labs, what was concluded? _____

Have you previously contacted an AgriLife Extension agent about this problem? Yes No

Location of plant(s): Within 10 feet (3 meters) of building, pool, pavement or road Along fence row Greenhouse
 Full sun (>6 hr sun/day) Open (>20 feet from any surface) Other: _____

Affected part: Whole plant Branches/trunk Foliage (leaves) Flowers Fruit Roots

Symptoms: Dead plant Leaf spots Canker/gall Wilting Rot Yellowing
 Stunting Burn/scorch Other _____

Distribution of problem plant(s): Isolated plant(s) Scattered plants Large area Small localized area

Watering practices: Sprinklers Less than 3 times/week Hand water Daily
 Drip system More than 3 times/week Variable/as needed None

Specific test request (i.e. Check for...). Additional fees may apply. see <http://plantclinic.tamu.edu> for complete fee schedule.

Culture Oak wilt DED **ELISA** Pierce's disease (grape) Bacterial leaf scorch Virus Other: _____

Recent pesticide & chemical application

	Product name	Date
Fertilizer(s)		
Fungicide(s)		
Insecticide(s)		
Herbicide(s)		
Other		

As of June 1, 2011: Routine diagnostic charge is \$35 per specimen. All out-of-state samples will be assessed a \$20 surcharge/sample. For complete fee schedule, visit: <http://plantclinic.tamu.edu>.

Please make checks payable to **Texas AgriLife Extension Service**.
 Send bill to Submitter Grower Acct/PO reference _____
 Check to decline additional services beyond routine diagnostic procedure.
I agree to pay a minimum of \$35 for this service; fees may be greater based on services performed.
† Signature required before sample can be processed

Signature _____

Printed name _____

Submission date _____
† AgriLife Extension personnel exempted

The **Texas Plant Disease Diagnostic Laboratory (TPDDL)** is a service to the people of Texas by the Department of Plant Pathology and Microbiology at Texas A&M University, in conjunction with the Texas AgriLife Extension Service. The TPDDL is open from 8:00 am to 12:00 pm and 1:00 pm to 5:00 pm Monday-Friday (except holidays) and is located at the Centeq Building at the Texas A&M University Research Park in College Station. A map to locate the TPDDL can be found at <http://campusmaps.tamu.edu>. Samples and payments should be submitted to:

Texas AgriLife Extension Service – TPDDL

1500 Research Parkway, Suite A130

College Station, TX 77845

Phone: 979.845.8032

Fax: 979.845.6499

E-mail: plantclinic@ag.tamu.edu

Web site: <http://plantclinic.tamu.edu>

Routine Diagnostic Fee	\$35
Out-of-state surcharge	\$20
Specialized testing	varies
Complete fee schedule, visit http://plantclinic.tamu.edu	

TPDDL POLICY

1. A submitted sample must be of adequate quality and quantity and accompanied by a completed PLANT DISEASE DIAGNOSTIC FORM (D-1178) or equivalent information. This form is available through our Web site at <http://plantclinic.tamu.edu>. NOTE: Inadequate samples will not be processed, with the option to resubmit offered to the client.
2. A sample must be accompanied by a completed PLANT DISEASE DIAGNOSTIC FORM (D-1178) and/or payment unless prior arrangements have been made with TPDDL personnel. No refunds will be made.
3. Samples are typically processed on a first come, first served basis.
4. Report (results and recommendations) are e-mailed, faxed or mailed to the person(s) specified on the submission form. If not specified, the payee of services will receive the report. All homeowner results are electronically sent to our Texas AgriLife Extension county agent in the county of sample origin for information and appropriate actions (future assistance), unless specified otherwise on form.
5. Client must supply complete crop/plant identification for recommendations to be made.

Instructions for collecting, packaging and submitting plant specimens.

1. Submit only freshly collected specimens showing a progression of symptoms. Try NOT to send dead plants. Keep specimens refrigerated after collection until they are submitted. **DO NOT ADD WATER** or pack a specimen that is wet. Keep sample(s) out of direct sunlight and/or heat.
 2. For plants showing wilting, yellowing, stunting or general decline, send the entire plant including the root system. Enclose specimen **roots only** in a plastic bag. Do not wrap stem or foliage in plastic.
 3. If submitting more than one sample, please LABEL the outside of each bag clearly with a permanent marker.
 4. Mark samples with “**Warning**” if sample has thorns or spines.
 5. Seal sample bag to keep sample moist.
 6. **TURF sampling**—Submit a 3- to 4-inch diameter plug taken where the healthy and diseased areas meet so the sample will contain both diseased and healthy turf. Enclose the plug in a plastic zipper bag. **Do not add additional moisture.**
 7. **OAK WILT or DED sampling**—Collect branches 1 ½ inches to 2 inches in diameter that are showing symptomatic leaves. When possible, enclose twigs with symptomatic leaves still attached in a separate plastic bag. Place the plastic bags in a Styrofoam ice chest with frozen ice packs—**DO NOT SEND ON DRY ICE**. Ship samples by overnight delivery to help ensure accurate diagnosis.
 8. Virus testing—Collect symptomatic leaves, stems, or the entire plant; place in a plastic bag. It is important that these samples do not dry out during shipment. **DO NOT ADD ADDITIONAL WATER.**
 9. COMPLETE the Plant Disease Diagnostic Form (D-1178). Make sure the identification on the form matches the labels on sample bags. **Keep the form in a separate plastic bag from the specimen.** Limit 1 (one) sample per form. We encourage you to include recent pesticide history (last 3 weeks) and any other pertinent information in addition to that on the form.
 10. Package all specimens securely to prevent damage during transit. Cardboard boxes usually help prevent crushing. Add packing material such as newspaper to prevent specimen damage during shipment.
 11. Ship samples to the above address by overnight delivery or mail early in the week to ensure fast delivery. Plant samples often decompose if left over the weekend in a delivery warehouse.
- ## SERVICES NOT PROVIDED
- The TPDDL does not routinely provide the following services to our clientele:
1. Pesticide residue determination in and/or on plants and soil.
 2. Soil nutrient levels, soluble salts or plant tissue analysis (contact Soil Testing Lab at <http://soiltesting.tamu.edu>)
 3. Speciation on all pathogens isolated from plant disease specimens.
 4. Mycotoxin analyses. Contact Office of Texas State Chemist (<http://otsc.tamu.edu>) for private lab listing.
 5. Toxic plant identification.

Please contact TPDDL for information on other specific tests. Additional cost may be levied. A complete fee schedule can be found at <http://plantclinic.tamu.edu>.