



Custom Disease Diagnosis Order Form

Please complete this form and return to STA Labs with sample shipment (attn: Judit Monis)

Company: _____ Contact person): _____

Address: _____ City: _____ ST: _____

Phone(s): _____ Fax: _____ Email address: _____

Date Submitted: _____ Date symptoms noticed? _____

Plant Condition

- Overall Plant** Wilted Stunted Abnormal Growth Other _____
- Leaves** Wilted Spotted Mottled Rotted Yellowed
 Galls Blighted Other _____
- Roots** Galls Rotted Sloughing Discolored Other _____
- Trunk, Stem** Galls Rotted Dieback Canker Wilted
 Discolored Overgrowth Other _____
- Fruit** Rotted Canker Spotted Mottled Other _____

List any chemicals, pesticides or fertilizers recently been applied : _____

Did you observe any insect problems? _____

Type of Planting: Field Greenhouse Nursery Other _____

Prevalence: Limited to submitted plants Localized around submitted plants
 Scattered area Entire planting

Please complete the following table if possible. Use additional copies if needed. Please follow instructions for sampling for each test. Please label each bag with sample/plant number and visibly mark the plant to facilitate later sampling.

	Plant, variety / Location / Field or Identification	Fungal	Viral (list specific virus pathogens to be tested if known)	Bacterial	Other (please specify)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Other special instructions or comments: _____
