

Culture: _____ Soil Testing Lab: _____ Specialist: _____ Other: _____



Plant Diagnostic Laboratory
Walk-ins: NDSU campus – 206 Waldron Hall
Website: www.ag.ndsu.edu/pdl
E-mail: NDSU.PDL@ndsu.edu
Telephone: 701-231-7854 Fax: 701-231-7851

Lab use only:	
Date In:	_____
Lab #:	_____
PDIS #:	_____
Results:	Date: _____ <input type="checkbox"/> emailed <input type="checkbox"/> phoned
Condition:	<input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor

Information Request Form

Submitted By: _____	Submitted For (Client): _____
Company: _____	Company: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Cell: _____	Cell: _____
E-mail: _____	E-mail: _____
<input type="checkbox"/> Extension <input type="checkbox"/> Individual <input type="checkbox"/> Grower <input type="checkbox"/> Hort/Turf professional <input type="checkbox"/> Consultant <input type="checkbox"/> Company Rep <input type="checkbox"/> Other:	<input type="checkbox"/> Extension <input type="checkbox"/> Individual <input type="checkbox"/> Grower <input type="checkbox"/> Hort/Turf professional <input type="checkbox"/> Consultant <input type="checkbox"/> Company Rep <input type="checkbox"/> Other:

Fee: This is a fee-based lab, and a nominal fee will be applied to your sample. Pre-payment is not necessary unless non-payment is habitual. An invoice will be sent along with a formal report. Current fees are available online at <http://www.ag.ndsu.edu/pdl>

Send samples to: NDSU Plant Diagnostic Lab NDSU Dept 7660, PO Box 6050 Fargo, North Dakota 58108-6050 Private shipper: NDSU Plant Diagnostic Lab 306 Walster Hall, Fargo ND 58102	Services requested: <input type="checkbox"/> Routine Diagnosis <input type="checkbox"/> Plant ID <input type="checkbox"/> Culture/ELISA <input type="checkbox"/> Insect ID <input type="checkbox"/> Special Test <input type="checkbox"/> Mold ID <input type="checkbox"/> Other: _____	Results and Billing: Send results to: <input type="checkbox"/> Submitter <input type="checkbox"/> Client Send bill to: <input type="checkbox"/> Submitter <input type="checkbox"/> Client
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Sample collection instructions: See reverse for details.

Host: _____	Planting Date: _____	Symptom development: <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months
Variety: _____	Date sample collected: _____	<input type="checkbox"/> Occurred in previous years
Sample Origin (County, State): _____	Date sample sent: _____	Date symptoms noticed: _____
Turfgrass: Year established: _____ <input type="checkbox"/> Sod <input type="checkbox"/> Seed <input type="checkbox"/> Plugs	Trees: Approx. age: _____	Height: _____ Years at site: _____

Location <input type="checkbox"/> Crop/Field <input type="checkbox"/> Greenhouse <input type="checkbox"/> Golf course <input type="checkbox"/> Lawn/Turf <input type="checkbox"/> Landscape <input type="checkbox"/> Home - interior <input type="checkbox"/> Nursery/Orchard <input type="checkbox"/> Pasture <input type="checkbox"/> Garden <input type="checkbox"/> Shelterbelt <input type="checkbox"/> Other: _____	Size of Planting _____ Total Acres, or _____ Total # of plants Incidence _____ # Acres affected _____ sq. ft. affected _____ % of area affected -- Or -- _____ # of plants affected _____ % of plants affected	Symptoms <input type="checkbox"/> Yellowing <input type="checkbox"/> Browning <input type="checkbox"/> Stunting <input type="checkbox"/> Wilting <input type="checkbox"/> Rot <input type="checkbox"/> Dead areas <input type="checkbox"/> Tip Dieback <input type="checkbox"/> Leaf drop <input type="checkbox"/> Bending or Twisting <input type="checkbox"/> Abnormal growth <input type="checkbox"/> Other: _____	Parts Affected <input type="checkbox"/> Stems/trunk <input type="checkbox"/> Roots <input type="checkbox"/> Leaves <input type="checkbox"/> Flowers <input type="checkbox"/> Fruits/seeds <input type="checkbox"/> Entire plant <input type="checkbox"/> Branches ___% <input type="checkbox"/> Other: _____ Distribution on Plant <input type="checkbox"/> Upper canopy <input type="checkbox"/> Lower canopy <input type="checkbox"/> Inner canopy <input type="checkbox"/> Outer Canopy <input type="checkbox"/> Random	Distribution in Site <input type="checkbox"/> High areas <input type="checkbox"/> Low areas <input type="checkbox"/> Scattered plants <input type="checkbox"/> Groups of plants <input type="checkbox"/> Uniform <input type="checkbox"/> Wet areas <input type="checkbox"/> Sunny spots <input type="checkbox"/> Shady spots <input type="checkbox"/> Edge of planting <input type="checkbox"/> Other: _____	Site History Soil pH: _____ Soil drainage: <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor Previous crops: Yr 1: _____ Yr 2: _____ Yr 3: _____
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Cultural practices: Where applicable, please provide active ingredients or trade names, application dates, and rates:
 Fertilizers: _____
 Seed treatments: _____
 Herbicides: _____
 Insecticides: _____
 Fungicides: _____
 Tillage practices: _____
Please describe problem in detail on reverse side

Detailed description of problem and additional information:

How to collect and ship samples:

General tips:

- Send multiple specimens if available.
- Send sample as soon as possible after collecting. Keep cool until ready to ship.
- Wrap foliage in DRY paper towels (moisture on foliage causes rapid decay).
- Wrap root ball in separate plastic bag and tying off at base of stem to prevent soil from contacting foliage (foliage will decay rapidly when in contact with soil).
- Then, place entire sample in another plastic bag. If sample is from outside North Dakota, double-bag in plastic and seal.
- Ship in sturdy boxes to avoid crushing. If sample is from outside North Dakota, tape all seams.
- Mail samples early in the week to avoid long delays over weekends at post offices. Samples mailed first class usually arrive at the lab in two days from most North Dakota and Red River Valley locations.

PLANTS: For general plant problems, try to send several affected plants showing a range of symptoms. Completely dead plants rarely are informative. Try to send entire plants, when feasible, since some above-ground symptoms can be attributed to a problem with the lower stem or roots. When digging plants, try to keep the roots intact with soil, as a root ball, to help prevent the sample from drying out. Wrap the root ball in a separate plastic bag (tied off at the stem) to prevent soil from coming in contact with leaves. Wrap foliage in DRY paper towels (to absorb moisture and to prevent decay), and the entire sample should then be placed in another, loosely folded plastic bag. Do not allow leaves, paper tags, or labels to contact soil.

MUSHROOMS AND FRUITS: Wrap mushrooms or fruits in dry paper towels or newspaper and place in sturdy box to avoid crushing.

INSECTS: Send small insects in a small vial of alcohol (never in an envelope). Pack large insects, such as moths, in cotton.
Please **DO NOT SEND LIVE INSECTS**.

Turfgrass samples:

Plugs that are about 3-5" in diameter and deep enough to include the roots (usually about 3") are ideal. The best sample consists of a completely diseased plug, a healthy plug, and a plug from the transition zone between diseased and healthy turf.

Dutch elm disease testing and other vascular wilt testing:

Live, symptomatic branches that are at least 1" in diameter and 6-8" long should be submitted, with leaves attached.

Soil samples for nematode screen or Aphanomyces assay:

1. Use a soil probe to collect samples, 6-8 inches in depth.
2. Using a zigzag pattern, collect 10-20 soil cores per every 10 to 20 acres.
3. Collect cores from areas of similar soil type and crop history.
4. Dump cores from each 10-20 acre set into a bucket or tub and mix thoroughly.
5. For nematode screening, send 1 pint (2 cups) of mixed soil in a soil sampling bag or plastic zippered bag. For Aphanomyces indexing, send about 1 gallon (32 cups) of soil per 10-20 acre set. Label the bags with a permanent marker. Don't allow paper labels to come in contact with soil.
6. Store sample in a cool, dark place until shipped to the lab. Ship as soon as possible to: NDSU Plant Diagnostic Lab, NDSU Dept 7660, PO Box 6050, Fargo ND 58108-6050 (for United States Postal Service); or NDSU Plant Diagnostic Lab, 306 Walster Hall, Fargo ND 58102 (for private shippers).