PLANT SPECIMEN SUBMISSION FORM

New Mexico State University – Plant Diagnostic Clinic

************************************Diagnostic Lab Use Only - Do Not Write In Box************************************

Sample No._____ **Date Sample Received**:_____

PLEASE REMEMBER...Successful plant disease diagnosis is a ***team*** effort. Proper diagnosis begins with the submission of a good-quality specimen accompanied by accurate and complete information. Please follow these guidelines and submit the best sample possible (if the sample is insufficient for diagnosis, you will be asked to submit a new sample). Additional information and submission guidelines can be found at: http://plantclinic.nmsu.edu.

If you have any questions, please call before submitting your sample (575-646-1621 or 575-646-1965).

COLLECTION:

1. **DO NOT** send dry or dead material.
2. Collect several samples showing various stages of symptom expression. When the whole plant can't be collected, select sample from the margin of the diseased area. Include a healthy plant if possible.
3. Send a representative sample from **all parts** of the plant. Dig plants out of the soil (**DO NOT PULL**). **DO NOT** wash roots. Gently shake excess soil from roots.
4. For turfgrass, select a 2-4" sample (including at least 2" of soil) from the margin of the diseased area.
5. Wrap sample in dry paper towel or newspaper and place in a paper or plastic bag. Do not use plastic if there is a lot of moisture associated with the sample. Never add moisture to any sample.
6. Submit a **completed** Plant Specimen Submission Form. Processing of the sample may delayed for specimens received without the proper form or if information provided is insufficient.

PACKING:

1. Keep sample cool prior to shipment.
2. Pack the sample carefully in a sturdy box or padded envelope. Be sure not to crush specimens.
3. Mail immediately (***overnight delivery is recommended***). Avoid mailing over weekends and holidays.

Please be advised, if pests of regulatory significance are identified on submitted samples, we are required to notify the New Mexico Department of Agriculture.

ADDRESS PACKAGE TO:
New Mexico State University
Attn: Plant Diagnostic Clinic
Box 30003, MSC 3AE
Las Cruces, NM 88003

For Overnight UPS or Fed Ex:
New Mexico State University
Attn: Plant Diagnostic Clinic
945 College Avenue
Skeen Hall Room W242
Las Cruces, NM 88003

PLEASE FILL OUT THE FOLLOWING:

Grower/Homeowner (Name, Address, Phone No.)

_____

_____

_____

Submitted by: (If different from grower)

_____

_____

_____

E-Mail Address: _____

Level of Diagnostic Services Requested (If no box is checked, diagnosis will be completed as needed):

- ☐ Basic evaluation ($25.00 non-commercial, $40.00 commercial, $50.00 commercial turfgrass)
- ☐ Extension or University submitted – no fee.
- ☐ 50% surcharge for out-of-state samples

VARIETY (genus and species, and/or common name of plant) _____

AGE OF THE PLANT: _____ **PLANTING DATE:** _____

SYMPTOMS (mark all that apply):

Plant parts affected: ☐ roots/crowns ☐ stems/branches ☐ leaves ☐ fruit ☐ whole plant

Symptoms: ☐ spots ☐ tipburn ☐ distortion ☐ mosaic/mottle ☐ chlorosis ☐ necrosis ☐ rot

☐ mildew ☐ blisters ☐ defoliation ☐ wilt ☐ dieback ☐ blight ☐ stunting ☐ canker ☐ galls

Description (be as specific as possible, describe the whole plant - remember the clinician is only seeing the specimen submitted). _____

_____

When did symptoms first appear: _____

Are the symptoms (mark one): ◯ spreading or ◯ localized

Symptom development (mark one): ◯ gradual or ◯ sudden

Distribution of diseased plants (mark one): ◯ scattered ◯ clustered ◯ in a row or pattern

Number or percent of plant(s) infected _____

SOIL TYPE (mark all that apply):

☐ Sand ☐ Silt ☐ Clay ☐ Well drained ☐ Poorly drained ☐ Heavy ☐ Light

GROWING CONDITIONS (mark all that apply): ☐ Indoors ☐ Greenhouse ☐ Home Garden ☐ Lawn

☐ Landscape ☐ Organic Garden ☐ Commercial Field ☐ Other _____

WEATHER CONDITIONS (immediately prior to and during development of symptoms) (mark all that apply):

☐ Wet ☐ Dry ☐ Humid ☐ Windy ☐ Dusty ☐ Hail

Temperature (ºF) _____ Other Conditions _____

IRRIGATION HISTORY: (Mark all that apply):

☐ Furrow ☐ Flood ☐ Drip ☐ Sprinkler ☐ Hand

How often? _____ How much water is applied? _____

FERTILIZATION HISTORY: (type, nutrient ratio, amount applied, and frequency of application)

_____

CHEMICALS APPLIED (chemical name, method and frequency of application and amount applied)

_____

CROPPING HISTORY (for agricultural fields or home gardens):

Rotation (previous 3 years) _____

Past Problems (in field) _____