



Plant and Insect Diagnostic Clinic

Iowa State University
327 Bessey Hall
Ames, IA 50011
(515) 294-0581

clinic.ipm.iastate.edu

FOR OFFICE USE ONLY

Sample No. _____

Date Rec. _____

SAMPLE SUBMISSION FORM

Submit samples with forms to address listed above.

BILLING CONTACT INFORMATION (*Required)

Print Name*: _____

Signature*: _____

Address*: _____

Company: _____

City, State & Zip*: _____

Phone*: _____

Email*: _____

Report will be sent to the email(s) provided

OWNER OR SECONDARY CONTACT

Name: _____

Phone: _____

Email: _____

DO NOT SEND PAYMENT with your sample.

In-state fee:

\$20.00 (plant problem diagnosis)

\$10.00 (identification: Insect, plant, mushroom)

Out-of-state fee:

Contact the clinic before submitting an out-of-state sample.

Samples will be charged double the in-state rate.

I give my approval for additional testing fees. (Plant problem diagnosis ONLY)

Perform rapid serological testing, if available (\$15-25)

Perform DNA testing, if available (\$10-50)

By submitting a sample or image along with this form, you signify that you have read and agree to our Terms and Conditions found at:

ipm.iastate.edu/ipm/info/terms_and_conditions

See our website for sampling instructions (fees are assessed for insufficient samples), fill out all required fields (*) or processing of your sample will be delayed/refused.

ISU Accounts Receivable Office will issue a monthly billing statement.

Late fees may be assessed on charges greater than 60 days delinquent and customer shall be responsible for collection costs if account is referred to collection. Fees are subject to change please visit our website:

clinic.ipm.iastate.edu

Service requested: Plant Problem Diagnosis Insect ID Plant ID Mushroom ID

Sample Information:

County of origin*: _____

Date collected: _____

General origin/location:

- | | | | | |
|---------------------------------|--|----------------------------------|---|---|
| <input type="checkbox"/> Indoor | <input type="checkbox"/> Landscape | <input type="checkbox"/> Forest | <input type="checkbox"/> Windbreak | <input type="checkbox"/> Lawn/Turfgrass |
| <input type="checkbox"/> Garden | <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Orchard | <input type="checkbox"/> Pasture | <input type="checkbox"/> Other |
| <input type="checkbox"/> Field | <input type="checkbox"/> City/Rec area | <input type="checkbox"/> Nursery | <input type="checkbox"/> Animal (Human/Pet-Insect ID) | |

Operation type and Acreage (or sq. ft.) if applicable:

- | | |
|---|---|
| <input type="checkbox"/> Farmer _____ | <input type="checkbox"/> Homeowner/Gardener _____ |
| <input type="checkbox"/> Commercial Service Provider: _____ | <input type="checkbox"/> ISU Extension <input type="checkbox"/> State Agency (IDALS, DNR) |

Information for Plant Problem Diagnosis ONLY

Sample: (oak, corn, petunia etc.): _____

When was the problem noticed?: _____

Parts affected

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Entire plants | <input type="checkbox"/> Flowers |
| <input type="checkbox"/> Leaves/needles | <input type="checkbox"/> Fruit |
| <input type="checkbox"/> Twigs | <input type="checkbox"/> Stem |
| <input type="checkbox"/> Trunk/bark | <input type="checkbox"/> Roots |

Soil Type

- | |
|---|
| <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Dark/Muck <input type="checkbox"/> Clay |
| <input type="checkbox"/> Sandy <input type="checkbox"/> Silt Loam |

Watering Practices

- | |
|-------------------------------------|
| <input type="checkbox"/> Rain |
| <input type="checkbox"/> Irrigation |

Site and Chemical History (include rates)

Herbicide: _____ Fungicide: _____

Seed Treatment: _____ Crop _____

Fertilizer: _____ Last Year: _____

Insecticide: _____ This Year: _____

Next Year: _____

Insect ID specific information

Number of pests found:

- One Several 100 or more

Plant ID specific information

- Tree Shrub Vine Grass

Other: _____ Flower color: _____

Height x Width: _____

Mushroom ID specific location

- Lawn Soil Woodchips Dung

- Near a tree On a tree

Tree type: _____

Other: _____

Use back of the form for additional details and comments.

Collecting, packaging and submitting information

clinic.ipm.iastate.edu

Incomplete or insufficient information or sample may lead to inaccurate diagnosis.

Visit the following sites for specific information on sample collection:

Insect ID bit.ly/ISUinsectID

Plant ID bit.ly/ISUplantID

Mushroom ID bit.ly/ISUmushroomID

Plant Problem Diagnosis bit.ly/ISUsampleform



Up to date information on additional testing available at the Clinic Services and Information page:

www.ipm.iastate.edu/ipm/info/submit/plant

For all samples include quality photos when possible. See our guidelines at bit.ly/PIDCphotoguidelines. Send your digital files to pidc@iastate.edu and include in the subject: last name, crop and sample submission date (MM/DD/YY).

Example: Smith-maple-05/20/17.

Please use the space below to give us additional details and comments about your sample.

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Extension and Outreach

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