



Plant and Insect Diagnostic Clinic

Iowa State University
2445 ATRB
2213 Pammel Dr
Ames, Iowa 50011-1101
515-294-0581

clinic.ipm.iastate.edu

FOR OFFICE USE ONLY

Sample No. _____

Date Rec. _____

Customer No. _____

Final Fee _____

SAMPLE SUBMISSION FORM

Submit samples with forms to address listed above

BILLING CONTACT INFORMATION (*Required)

Print Name*: _____

Signature*: _____

Company: _____

Address*: _____

City, State & Zip*: _____

Phone*: _____

Email*: _____

List any others who we can communicate with and who will receive this report. Provide email.

Owner of sample 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 sample:

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).

Check website for current list of services.

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, visit our website: clinic.ipm.iastate.edu

Service requested: If more than one service is selected, you will be billed for each.					<input type="checkbox"/> Plant Problem Diagnosis	<input type="checkbox"/> Plant ID	<input type="checkbox"/> Mushroom ID	<input type="checkbox"/> Insect ID	
Sample information. Write below.			General origin/location. Check appropriate boxes.				<input type="checkbox"/> Indoor		
County, State:			<input type="checkbox"/> City/Rec area	<input type="checkbox"/> Garden	<input type="checkbox"/> Lawn/Turfgrass	<input type="checkbox"/> Pasture	<input type="checkbox"/> Animal		
Sample (oak, corn, petunia, etc.)			<input type="checkbox"/> Field	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Nursery	<input type="checkbox"/> Windbreak	<input type="checkbox"/> Human		
Date collected:			<input type="checkbox"/> Forest	<input type="checkbox"/> Landscape	<input type="checkbox"/> Orchard	<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Operation type:			<input type="checkbox"/> Farmer	<input type="checkbox"/> Homeowner/Gardener	<input type="checkbox"/> Commercial Service Provider	<input type="checkbox"/> ISU Extension and Outreach	<input type="checkbox"/> State Agency (IDALS, DNR)		
Acres of plants you own/manage:			<input type="checkbox"/> Less than 1 acre	<input type="checkbox"/> 1-9 acres	<input type="checkbox"/> 10-49 acres	<input type="checkbox"/> 50-99 acres	<input type="checkbox"/> 100-499 acres	<input type="checkbox"/> 500-999 acres	<input type="checkbox"/> 1,000+ acres

Use the space below to describe the problem and then continue to the back of the form.

Use back of the form for additional details and comments.

Information for Plant Problem Diagnosis ONLY				
Planting date/Plant age:			Date problem noticed:	
Parts Affected		Soil Type		Watering Practices
<input type="checkbox"/> Entire plants	<input type="checkbox"/> Flowers	<input type="checkbox"/> Clay	<input type="checkbox"/> Silt Loam	<input type="checkbox"/> Rain
<input type="checkbox"/> Leaves/needles	<input type="checkbox"/> Fruit	<input type="checkbox"/> Dark/Muck	<input type="checkbox"/> Unknown	<input type="checkbox"/> Irrigation
<input type="checkbox"/> Twigs	<input type="checkbox"/> Stem	<input type="checkbox"/> Sandy		
<input type="checkbox"/> Trunk/bark	<input type="checkbox"/> Roots			
Problem Distribution		Site and Chemical History (include rates)		
<input type="checkbox"/> Near drive/road	<input type="checkbox"/> Upload	Herbicide:		Fungicide:
<input type="checkbox"/> Near residence	<input type="checkbox"/> Slopes			
<input type="checkbox"/> Edge of field	<input type="checkbox"/> Low areas	Seed Treatment:		Crop
Prevalence		Fertilizer:		Last Year: _____
<input type="checkbox"/> Majority				This Year: _____
<input type="checkbox"/> Scattered		Insecticide:		Next Year: _____
<input type="checkbox"/> Isolated (single plant/tree)				

Insect ID specific information	Plant ID specific information	Mushroom ID specific information
Number of pests found:	<input type="checkbox"/> Tree	<input type="checkbox"/> Lawn
<input type="checkbox"/> One	<input type="checkbox"/> Shrub	<input type="checkbox"/> Soil
<input type="checkbox"/> Several	<input type="checkbox"/> Vine	<input type="checkbox"/> Woodchips
<input type="checkbox"/> 100 or more	<input type="checkbox"/> Grass	<input type="checkbox"/> Dung
	<input type="checkbox"/> Other:	<input type="checkbox"/> Near a tree
	Flower color:	<input type="checkbox"/> On a tree. Tree type:
	Height x Width:	<input type="checkbox"/> Other:

For lab use only.

For more information on submitting a sample please visit our website at 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 and packaging:

Plant Problem Diagnosis: <https://hortnews.extension.iastate.edu/pidc/plant>

Insect ID: <https://hortnews.extension.iastate.edu/pidc/insect>

Plant ID: <https://hortnews.extension.iastate.edu/pidc/weed>

Mushroom ID: <https://hortnews.extension.iastate.edu/pidc/mushroom>

For all samples include quality photos when possible.

See our guidelines at Digital Photography page: <https://hortnews.extension.iastate.edu/pidc/digital-photography>.

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.



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