

Name: _____	Date: _____
Company: _____	County: _____
Address: _____	Telephone: _____
City, State, Zip: _____	Cell Phone: _____
E-Mail: _____	

**Sample Information:** (Note: Accurate diagnosis depends on the quality of plant samples submitted. Please complete form with as much information as possible.)

Plant Name: _____	Acreage: _____
Variety Name: _____	% of plants affected: _____
Date problem was first noticed: _____	County were collected: _____
Soil Type: _____	Date Planted: _____
Neighboring Crops: _____	Crop grown previous year: _____

Was disease symptom observed before?:  Yes  No

Symptoms:  Wilted  Yellowed  Dead plants  Leaf spots  Other \_\_\_\_\_

Pattern of damage:  Occasional  Small groups of plants  Large areas  Entire field

Watering practices:  Sprinklers  Less than 3 times/week  Hand water  Daily  
 Drip system  More than 3 times/week  Variable/as needed  None  
 Other \_\_\_\_\_

Please list recent chemical applications:

\_\_\_\_\_

\_\_\_\_\_

*For Internal Use Only:* \_\_\_\_\_

**Sample ID Number:** \_\_\_\_\_

Host Scientific Name: \_\_\_\_\_

Pathogen Scientific Name: \_\_\_\_\_

Diseased Caused: \_\_\_\_\_

*\* This lab is associated with the Great Plains Diagnostic Network (GPDN). Any diseases diagnosed will be reported at county resolution.*

*Your diagnosis will be made available to you as soon as we determine it. We will attempt to make your diagnosis within a week. Some tests are only done once a week. Please be aware that some plant disease diagnosis may take time (more than 7 days). The diagnostic lab is normally open Monday-Friday from 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m., unless the "Center" is closed due to holidays or weather events. Please call prior to sample delivery to make sure we are open that day. We do not have a drop box. If there are concerns regarding the diagnosis, you can reach us by phone at 806-677-5600. For additional forms, please visit <http://plantdiagnostics.tamu.edu>.*