



Disease Identification Form

Schutter Diagnostic Lab
119 Plant BioScience Facility
Montana State University
Bozeman, MT 59717

Date _____

Client Name _____ Email _____

Address _____ Phone _____

Plant common or scientific name _____

Variety _____

Planting date, age of plant or size _____

Approximate date problem first appeared _____

What do you see that makes you think there is a problem? _____

Describe the location/environment: _____

Pesticides used none fungicide _____

(give name and rate if possible) insecticide _____

herbicide _____

Did the problem show up all at once? Yes No

Is the problem getting worse? Yes No

Describe the pattern of disease problem in the field or area: _____

Check problem distribution on the plant(s) (check as many as apply):

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> This season's growth | <input type="checkbox"/> Top of plant | <input type="checkbox"/> Limited |
| <input type="checkbox"/> Last season's growth | <input type="checkbox"/> One side of plant | <input type="checkbox"/> Widespread |
| <input type="checkbox"/> Bottom of plant | <input type="checkbox"/> Scattered | <input type="checkbox"/> Other _____ |

Check the plant part(s) affected (check as many as apply):

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Leaves/needles: | <input type="checkbox"/> Stem/stalk | <input type="checkbox"/> Roots |
| <input type="checkbox"/> Upper Surface | <input type="checkbox"/> Flowers | <input type="checkbox"/> Bulbs/rhizomes |
| <input type="checkbox"/> Lower Surface | <input type="checkbox"/> Fruit/seed | <input type="checkbox"/> Tubers |
| <input type="checkbox"/> Branches/twigs | <input type="checkbox"/> | <input type="checkbox"/> Other _____ |

Describe what you see on the plant(s):(check as many as apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Yellowing | <input type="checkbox"/> Browning/scorched | <input type="checkbox"/> Seed rot |
| <input type="checkbox"/> Interveinal yellowing | <input type="checkbox"/> Interveinal browning | <input type="checkbox"/> Stem rot |
| <input type="checkbox"/> Canker | <input type="checkbox"/> Marginal browning | <input type="checkbox"/> Rot |
| <input type="checkbox"/> Dead Areas | <input type="checkbox"/> Leaf spot/holes | <input type="checkbox"/> Stunted |
| <input type="checkbox"/> Dieback | <input type="checkbox"/> Distortion/curling | <input type="checkbox"/> Seedling blight |
| <input type="checkbox"/> Galls | <input type="checkbox"/> Mottle/mosaic | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mold/Webbing | <input type="checkbox"/> | <input type="checkbox"/> |

Agent _____ **Email** _____
County _____ **Phone** _____

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