

Plant Disease and General
Diagnostic Form

Mail completed form and sample to:

Schutter Diagnostic Lab
Montana State University
119 Plant BioScience Bldg
P.O. Box 173150
Bozeman, MT 59717-3150

Date: _____ (MM/DD/YYYY)

Name: _____ Email: _____

Address: _____ City/County: _____

_____ Phone: _____

Send samples as soon as possible after collecting. Package in a sturdy container. Do not expose to extreme temperatures. Please fill all applicable fields on this form, including page 2.

Plant common or scientific name: _____

Variety: _____

Planting date, age, or size: _____

Approximate date the problem appeared: _____

Describe the problem: _____

Describe the location or environment: _____

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

Pesticides used, if any (name and rate) Fungicide: _____

Other: _____ Herbicide: _____

_____ Insecticide: _____

Soil amendments applied, if any (compost, manure, grass clippings, etc.): _____

Lawn treatment applied, if any (name, date, frequency): _____

Did the problem occur all at once? Yes No Is the problem getting worse? Yes No

Check all problem distribution areas:

- This season's growth Top of plant Limited
- Last season's growth One side of plant Widespread
- Bottom of plant Scattered Other: _____

Check all affected plant parts:

- Leaves/needles Branches/Twigs Fruit/Seed Tubers
- Upper surface Stem/Stalk Roots Other: _____
- Lower surface Flowers Bulbs/Rhizomes _____

Check all visual symptoms or signs of the problem:

- Yellowing Browning/Scorched Dieback Mottle/Mosaic
- Interveinal yellowing Leaf spots/Holes Galls Defoliation
- Dead areas Interveinal browning Seed rot Stunted
- Scarring Marginal browning Stem rot Seedling blight
- Canker Distortion/Curling Rot Other: _____
- Mold/Webbing Soil discoloring Wilting _____

Describe your watering regime Sprinklers Hand Drip Center pivot

Frequency: _____ Other: _____

Additional information: _____

A diagnostician will be in touch shortly after your submission is analyzed. Further information and additional forms are available on the Schutter Diagnostic Lab website: diagnostics.montana.edu

This section is for Extension office use

Agent: _____ County: _____

Administrative staff/Personnel: _____

Email addresses that reports should be sent to: _____

Can a diagnostician contact the client with questions? Yes No