

# UNIVERSITY OF MINNESOTA

## PLANT DISEASE CLINIC

### Sample Submission Form

#### Clinic Contact Information:

**Mailing Address:** Plant Disease Clinic  
495 Borlaug Hall  
1991 Upper Buford Circle  
University of Minnesota  
St. Paul, MN 55108

**Phone:** (612) 625-1275  
**Fax:** (612) 625-9728  
**Email:** [pdca@umn.edu](mailto:pdca@umn.edu)  
**Delivery Address:** 1519 Gortner  
Room 105 Stakman Hall

**Website:** <http://pdca.umn.edu>

#### Client Information:

Submitter's Details (Please mail results & bill ):

Grower's Details (Please mail results & bill ):

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email :** \_\_\_\_\_

**Email :** \_\_\_\_\_

#### Submitted Plant Information:

**Date submitted:** \_\_\_\_\_

**Plant/Crop:** \_\_\_\_\_

**Species/Variety:** \_\_\_\_\_

#### **Please check information you desire:**

Problem identification

Specimen identification

Control recommendation

Others  (please specify below)

**Problem** (i.e. symptoms, plant part affected, pattern of occurrence, other plants effected, when symptoms were discovered\*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Information** (i.e. site information, pesticide/fertilizer applications, soil description, watering routine, other plants effected - the more information we have, the better we can diagnose the problem\*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please use reverse side or attach additional sheets if needed