

# Sample Submission Form

University of Minnesota Plant Disease Clinic

Lab Use Only

ID # \_\_\_\_\_

Received \_\_\_\_\_

Notes \_\_\_\_\_

Hand Delivery	Mailing	Contact
1519 Gortner Ave Room 105 Stakman Hall St. Paul, MN 55108 Tues – Fri 8:30am – 4:30pm	Plant Disease Clinic 495 Borlaug Hall 1991 Upper Buford Circle St. Paul, MN 55108	Phone: 612-625-1275 Email: <a href="mailto:pdcc@umn.edu">pdcc@umn.edu</a> Website: <a href="https://pdcc.umn.edu/">https://pdcc.umn.edu/</a>

Submitter	Grower/Other (if applicable)
<p><b>Send results:</b> <input type="checkbox"/> email <input type="checkbox"/> mail</p> <p>Check included <input type="checkbox"/></p> <p>Send invoice <input type="checkbox"/></p> <p>Name _____</p> <p>Business _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>	<p><b>Send results:</b> <input type="checkbox"/> email <input type="checkbox"/> mail</p> <p>Check included <input type="checkbox"/></p> <p>Submitter gets invoice unless otherwise arranged.</p> <p>Name _____</p> <p>Business _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>

**Plant / crop** \_\_\_\_\_

**Date collected** \_\_\_\_\_ **Collection Location** (County or city or zip) \_\_\_\_\_

**Specific test request** (if known) \_\_\_\_\_

**Describe problem** (anything that might be relevant to the situation, e.g. symptoms, pattern of occurrence, other plants affected, when symptoms started, site information, pesticide/fertilizer applications, soil description\*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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