

UNIVERSITY OF MINNESOTA
PLANT DISEASE CLINIC

Sample Submission Form

Clinic Contact Information

<p>Mailing Address: Plant Disease Clinic 495 Borlaug Hall 1991 Upper Buford Circle St. Paul, MN 55108</p> <p>Delivery Address: 1519 Gortner Ave 105, Stakman Hall St. Paul, MN 55108</p>	<p>Phone: (612) 625-1275</p> <p>Fax: (612) 625-9728</p> <p>Email: pdcc@umn.edu</p> <p>Website: http://pdcc.umn.edu</p>
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Client Information:

<u>Submitter</u>	<u>Grower/Homeowner</u>
Please: (<input type="checkbox"/> mail <input type="checkbox"/> email <input type="checkbox"/> fax) results and bill.	Please: (<input type="checkbox"/> mail <input type="checkbox"/> email <input type="checkbox"/> fax) results and bill.
Name: _____	Name: _____
Company Name: _____	Company Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Zip: _____ Phone #: _____	Zip: _____ Phone #: _____
Email: _____	Email: _____
Fax: _____	Fax: _____

Submitted Plant Information:

Date Submitted: _____	Species/Variety: _____
Plant/Crop: _____	_____
Specific Test Request _____	
Problem (i.e. symptoms, plant part affected, pattern of occurrence, other plants affected, when symptoms were first discovered*): _____ _____ _____ _____ _____ _____	
Additional Information (i.e. site information, pesticide/fertilizer applications, soil description, watering routine, other plant species affected*): _____ _____ _____ _____	

*Please use reverse side or attach additional sheets if needed