



**TEXAS PLANT DISEASE DIAGNOSTIC LABORATORY**

1500 Research Parkway, Suite A130  
 Texas A&M University Research Park  
 College Station, Texas 77845  
 e-mail: plantclinic@ag.tamu.edu phone: 979.845.8032 fax: 979.845.6499  
 http://plantclinic.tamu.edu

**TPDDL use only.**  
 Sample #:  
 Pmt type:  
 Amt:  
 Photo \_\_\_\_\_

Accurate disease identification, diagnosis and management recommendations are dependent on submission of appropriate specimen with thorough background information. Incomplete information and/or poor sample may lead to inaccurate diagnosis. Refer to the back of this form for sampling and mailing instructions.

**PLANT DISEASE DIAGNOSIS FORM**

<p><b>SUBMITTER CONTACT INFORMATION (PLEASE PRINT)</b></p> <p>Name: _____</p> <p>Company Name (if commercial): _____</p> <p>Address: _____</p> <p>City: _____ County: _____ State/Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>E-mail: _____</p> <p>Submitter is <input type="checkbox"/> Extension personnel <input type="checkbox"/> Homeowner* <input type="checkbox"/> Farmer <input type="checkbox"/> Consultant <input type="checkbox"/> Golf course  <input type="checkbox"/> Lawn/Tree Care Co. <input type="checkbox"/> Nursery/Greenhouse/Garden Center <input type="checkbox"/> Dealer Distributor <input type="checkbox"/> Other</p> <p>Send results to: <input type="checkbox"/> Submitter <input type="checkbox"/> Grower    Send result via: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Standard mail    <input type="checkbox"/> Send copy to County AgriLife Extension Agent *HOMEOWNER - County Agent will be cc: report unless specified <input type="checkbox"/> do not notify</p>	<p><b>GROWER CONTACT INFORMATION (please complete if different from submitter)</b></p> <p>Name: _____</p> <p>Company Name (if commercial): _____</p> <p>Address: _____</p> <p>City: _____ County: _____ State/Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>E-mail: _____</p> <p>Grower is <input type="checkbox"/> Extension personnel <input type="checkbox"/> Homeowner* <input type="checkbox"/> Farmer <input type="checkbox"/> Consultant <input type="checkbox"/> Golf course  <input type="checkbox"/> Lawn/Tree Care Co. <input type="checkbox"/> Nursery/Greenhouse/Garden Center <input type="checkbox"/> Dealer Distributor <input type="checkbox"/> Other</p>
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Please complete form for diagnostic services. Please PRINT and mark  all that apply.

PLANT: \_\_\_\_\_ variety/cultivar: \_\_\_\_\_

Planting date: \_\_\_\_\_ % of plants affected: \_\_\_\_\_ % of area affected on the plant: \_\_\_\_\_

Date first noticed: \_\_\_\_\_ Soil pH: \_\_\_\_\_ Problem developed:  Suddenly  Gradually

If you have consulted other labs, what was concluded? \_\_\_\_\_

Have you previously contacted an AgriLife Extension agent about this problem?  Yes  No

Location of plant(s):  Within 10 feet (3 meters) of building, pool, pavement or road  Along fence row  Greenhouse  
 Full sun (>6 hr sun/day)  Open (>20 feet from any surface)  Other: \_\_\_\_\_

Affected part:  Whole plant  Branches/trunk  Foliage (leaves)  Flowers  Fruit  Roots  
 Symptoms:  Dead plant  Leaf spots  Canker/gall  Wilting  Rot  Yellowing  
 Stunting  Burn/scorch  Other \_\_\_\_\_

Distribution of problem plant(s):  Isolated plant(s)  Scattered plants  Large area  Small localized area

Watering practices:  Sprinklers  Less than 3 times/week  Hand water  Daily  
 Drip system  More than 3 times/week  Variable/as needed  None

Specific test required: Additional cost: see <http://plantclinic.tamu.edu> for fees.

Culture  Oak wilt  DED **ELISA**  Pierce's disease (grape)  Bacterial leaf scorch  Virus  Other: \_\_\_\_\_

**Recent pesticide & chemical application**

	Product name	Date
Fertilizer(s)		
Fungicide(s)		
Insecticide(s)		
Herbicide(s)		
Other		

Routine diagnostic charge is \$30 per specimen. For a complete fee schedule of specialized tests and other services, go to <http://plantclinic.tamu.edu>.

Please make checks payable to **Texas AgriLife Extension Service**.

Send bill to  Submitter  Grower Acct/PO reference \_\_\_\_\_

Check to decline additional services beyond routine diagnostic procedure.

**I agree to pay a minimum of \$30 for this service; fees may be greater based on services performed.**

*† Signature required before sample can be processed*

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Submission date \_\_\_\_\_

*† AgriLife Extension personnel exempted*

The **Texas Plant Disease Diagnostic Laboratory (TPDDL)** is a service to the people of Texas by the Department of Plant Pathology and Microbiology at Texas A&M University, in conjunction with the Texas AgriLife Extension Service. The TPDDL is open from 8:00 am to 12:00 pm and 1:00 pm to 5:00 pm Monday-Friday (except holidays) and is located at the Centeq Building at the Texas A&M University Research Park in College Station. A map to locate the TPDDL can be found at <http://campusmaps.tamu.edu>. Samples and payments should be submitted to:

Texas AgriLife Extension Service – TPDDL

1500 Research Parkway, Suite A130

College Station, TX 77845

Phone: 979.845.8032

Fax: 979.845.6499

E-mail: [plantclinic@ag.tamu.edu](mailto:plantclinic@ag.tamu.edu)

Web site: <http://plantclinic.tamu.edu>

## TPDDL POLICY

1. A submitted sample must be of adequate quality and quantity and accompanied by a completed PLANT DISEASE DIAGNOSTIC FORM (D-1178) or equivalent information. This form is available through our Web site at <http://plantclinic.tamu.edu>. NOTE: Inadequate samples will not be processed, with the option to resubmit offered to the client.
2. A sample must be accompanied by a completed PLANT DISEASE DIAGNOSTIC FORM (D-1178) and/or payment unless prior arrangements have been made with TPDDL personnel. No refunds will be made.
3. Samples are typically processed on a first come, first served basis.
4. Report (results and recommendations) are e-mailed, faxed or mailed to the person(s) specified on the submission form. If not specified, the payee of services will receive the report. All homeowner results are electronically sent to our Texas AgriLife Extension county agent in the county of sample origin for information and appropriate actions (future assistance), unless specified otherwise on form.
5. Client must supply complete crop/plant identification for recommendations to be made.

## Instructions for collecting, packaging and submitting plant specimens.

1. Submit only freshly collected specimens showing a progression of symptoms. Try NOT to send dead plants. Keep specimens refrigerated after collection until they are submitted. **DO NOT ADD WATER** or pack a specimen that is wet. Keep sample(s) out of direct sunlight and/or heat.
  2. For plants showing wilting, yellowing, stunting or general decline, send the entire plant including the root system. Enclose specimen **roots only** in a plastic bag. Do not wrap stem or foliage in plastic.
  3. If submitting more than one sample, please LABEL the outside of each bag clearly with a permanent marker.
  4. Mark samples with “**Warning**” if sample has thorns or spines.
  5. Seal sample bag to keep sample moist.
  6. **TURF sampling**—Submit a 3- to 4-inch diameter plug taken where the healthy and diseased areas meet so the sample will contain both diseased and healthy turf. Enclose the plug in a plastic zipper bag. **Do not add additional moisture.**
  7. **OAK WILT or DED sampling**—Collect branches 1 ½ inches to 2 inches in diameter that are showing symptomatic leaves. When possible, enclose twigs with symptomatic leaves still attached in a separate plastic bag. Place the plastic bags in a Styrofoam ice chest with frozen ice packs—**DO NOT SEND ON DRY ICE**. Ship samples by overnight delivery to help ensure accurate diagnosis.
  8. Virus testing—Collect symptomatic leaves, stems, or the entire plant; place in a plastic bag. It is important that these samples do not dry out during shipment. **DO NOT ADD ADDITIONAL WATER.**
  9. COMPLETE the Plant Disease Diagnostic Form (D-1178). Make sure the identification on the form matches the labels on sample bags. **Keep the form in a separate plastic bag from the specimen.** Limit 1 (one) sample per form. We encourage you to include recent pesticide history (last 3 weeks) and any other pertinent information in addition to that on the form.
  10. Package all specimens securely to prevent damage during transit. Cardboard boxes usually help prevent crushing. Add packing material such as newspaper to prevent specimen damage during shipment.
  11. Ship samples to the above address by overnight delivery or mail early in the week to ensure fast delivery. Plant samples often decompose if left over the weekend in a delivery warehouse.
- ## SERVICES NOT PROVIDED
- The TPDDL does not routinely provide the following services to our clientele:
1. Pesticide residue determination in and/or on plants and soil.
  2. Soil nutrient levels, soluble salts or plant tissue analysis (contact Soil Testing Lab at <http://soiltesting.tamu.edu>)
  3. Speciation on all pathogens isolated from plant disease specimens.
  4. Mycotoxin analyses. Contact Office of Texas State Chemist (<http://otsc.tamu.edu>) for private lab listing.
  5. Toxic plant identification.

Please contact TPDDL for information on other specific tests. Additional cost may be levied. A complete fee schedule can be found at <http://plantclinic.tamu.edu>.