



NEVADA DEPARTMENT OF AGRICULTURE  
 STATE PLANT PATHOLOGY LABORATORY  
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**SPECIMENS FOR DIAGNOSIS OF PLANT DISEASES AND DISORDERS**

<b>SENDER</b>	NAME OF SENDER		DATE OF SENDING		SENDER'S SAMPLE TRACKING NUMBER (OPTIONAL)	
	EMAIL ADDRESS (Preferred way to send a report. Please print)				OTHER CONTACT INFORMATION	
	MAILING ADDRESS (Please print)				Work Phone:	
	Street:				Home Phone:	
City/State/Zip:				Cellular Phone:		
				Fax:		
<b>PURPOSE</b>	<b>REASON FOR DIAGNOSIS</b>					
	<input type="checkbox"/> Problem on In-Door House Plants			<input type="checkbox"/> Nursery Inspection		
	<input type="checkbox"/> Problem on Home Yard Plants			<input type="checkbox"/> Port of Entry Shipment Inspection		
	<input type="checkbox"/> Problem on Plants in Nurseries			<input type="checkbox"/> Organic or Seed Certification		
	<input type="checkbox"/> Problem on Commercial Landscape Plants			<input type="checkbox"/> Sudden Oak Death Trace Forward		
	<input type="checkbox"/> Problem on Agricultural Crops			<input type="checkbox"/> Phytosanitary Inspection		
	<input type="checkbox"/> Problem on Forest Trees			<input type="checkbox"/> Quarantine Inspection		
<input type="checkbox"/> Unusual Plant Symptoms			<input type="checkbox"/> Test for Specific Pathogen--Specify:			
<b>HOST DATA</b>	<b>HOST INFORMATION</b>					
	COMMON NAME OF PLANT			SCIENTIFIC NAME OF PLANT		
	<b>DISTRIBUTION OF DAMAGE</b>		<b>PLANT PARTS AFFECTED</b>		<b>PLANT SYMPTOMS</b>	
	<input type="checkbox"/> LIMITED <input type="checkbox"/> SCATTERED <input type="checkbox"/> WIDESPREAD		("X" All Applicable Items) <input type="checkbox"/> Leaves <input type="checkbox"/> Petiole <input type="checkbox"/> Stem <input type="checkbox"/> Trunk/Bark <input type="checkbox"/> Branches <input type="checkbox"/> Growing Tips <input type="checkbox"/> Twigs		("X" All Applicable Items) <input type="checkbox"/> Roots <input type="checkbox"/> Buds <input type="checkbox"/> Bulbs, Tubes, Corms <input type="checkbox"/> Flowers <input type="checkbox"/> Blossoms <input type="checkbox"/> Fruits or Nuts <input type="checkbox"/> Seeds	
	<b>NUMBER OR PERCENTAGE OF ACRES/PLANTS AFFECTED</b> <input type="checkbox"/> NUMBER: <input type="checkbox"/> PERCENTAGE:		<input type="checkbox"/> Abnormal Growth <input type="checkbox"/> Leaf Blight <input type="checkbox"/> Leaf Chlorosis <input type="checkbox"/> Leaf Spot <input type="checkbox"/> Leaf Rust <input type="checkbox"/> Dieback <input type="checkbox"/> Stem Canker		<input type="checkbox"/> Stem Rust <input type="checkbox"/> Fruit rot <input type="checkbox"/> Galls <input type="checkbox"/> Sudden Death <input type="checkbox"/> Root Rot <input type="checkbox"/> Wilt <input type="checkbox"/> Others:	
<b>SAMPLE</b>	<b>TYPE OF SAMPLE</b>		<b>LOCATION OF SAMPLE</b>		<b>NAME OF NURSERY (STATE INSPECTOR ONLY):</b>	
	<input type="checkbox"/> Flower <input type="checkbox"/> Fruit <input type="checkbox"/> Leaf <input type="checkbox"/> Branch <input type="checkbox"/> twig		<input type="checkbox"/> Bark <input type="checkbox"/> Root <input type="checkbox"/> Soil <input type="checkbox"/> Whole plant <input type="checkbox"/> Other		County: Street: City: Zip:	
			Longitude: Latitude:		REMARKS:	
PROBLEM DESCRIPTION AND/OR TENTATIVE DETERMINATION BY SENDER						
<b>DETERMINATION AND NOTES (LABORATORY USE ONLY)</b>				<b>LABORATORY USE ONLY</b>		
				0554 LAB DATABASE ID:		
				DATE RECEIVED:		
				DATE PROCESSED:		
				DATE REPORTED:		
				CONFIRMATION <input type="checkbox"/> Confirmed <input type="checkbox"/> Not Detected <input type="checkbox"/> Suspected <input type="checkbox"/> Inconclusive		
				LABORATORY METHOD ("X" All Applicable) <input type="checkbox"/> Bioassay <input type="checkbox"/> Biochemical <input type="checkbox"/> Cultural <input type="checkbox"/> Image <input type="checkbox"/> Inclusion Body		
<input type="checkbox"/> Microscopic <input type="checkbox"/> PCR <input type="checkbox"/> Serological <input type="checkbox"/> Visual Observation <input type="checkbox"/> Other						