



# Pest Management



Pest Management Office 491 College Avenue Orono, ME 04473-1295  
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## Plant Diagnostics Submission Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Zip code \_\_\_\_\_

Phone: \_\_\_\_\_  
County: \_\_\_\_\_

Host common name: \_\_\_\_\_ Scientific name: \_\_\_\_\_  
Variety: \_\_\_\_\_

Date collected: \_\_\_\_\_  
Date planted: \_\_\_\_\_  
Date problem appeared: \_\_\_\_\_

Physical sample (Y/N): \_\_\_\_\_  
Commercial (Y/N): \_\_\_\_\_  
Sample category (e.g. vegetable): \_\_\_\_\_  
Material submitted (e.g. leaves): \_\_\_\_\_

Age or size of plant: \_\_\_\_\_  
Number of acres or plants: \_\_\_\_\_  
% of plants affected: \_\_\_\_\_  
Did it appear suddenly or gradually: \_\_\_\_\_  
Is it getting worse or spreading: \_\_\_\_\_  
Degree of injury (light, moderate, severe): \_\_\_\_\_  
Symptoms: \_\_\_\_\_  
\_\_\_\_\_

Distribution of damage  
On plant: \_\_\_\_\_  
In field: \_\_\_\_\_  
Other plants affected: \_\_\_\_\_  
Related to weather: \_\_\_\_\_  
Pesticides used: \_\_\_\_\_  
Other relevant information: \_\_\_\_\_  
\_\_\_\_\_

Please fill out form as completely as possible.

Submitted by: \_\_\_\_\_