



Plant Disease Diagnostics Clinic
Sample Submission Form

For PDDC Use Only:
Intake Number: _____
Sample Number: _____
Charge: _____
Paid: _____

Date: _____

Plant/Crop: _____

Client Information:

Submitter Information

Grower Information (If different from submitter)

Name: _____
Address: _____
City/State: _____ Zip _____
County: _____
Phone: _____
Email: _____
Fax: _____

Name: _____
Address: _____
City/Zip: _____ Zip _____
County: _____
Phone: _____
Email: _____
Fax: _____

Mail Results and Bill to: Submitter Grower

Problem:

Description: (e.g.: symptoms such as dieback, root rot, canker/gall, leaf spot, yellowing, stunted growth; site information such as wet/dry area, other plants affected, when symptoms were discovered)

For PDDC Use Only:

Return your sample with this completed form to the: Plant Disease Diagnostics Clinic, Department of Plant Pathology, University of Wisconsin-Madison, 1630 Linden Drive, Madison, WI 53706-1598
Average turn around time is approximately 2 weeks from time of receipt. Please call (608) 262-2863 if you have not received a report by three weeks after submission.
Typical sample cost is \$20-25. An invoice will be enclosed with your report.