

Drop-off Diagnostic Sample Form

Please remit \$3.00 per sample Expect a response within 3-5 days

Name _____

Email _____ Phone (____) _____

Address _____ City _____ St _____ ZIP _____

Plant Problem

Plant Problem

Name of plant if known _____ When problem was noticed _____

Age and/or size of plant _____

Any construction near the plant in the last 3 years? _____

What chemicals or fertilizer have been applied to the plant recently? _____

Frequency and method of watering/irrigation? _____

Is this the only species in the area affected? _____ What percentage of the plant is damaged? _____

Additional Information:

Plant ID

Plant Identification

Large Tree Small Tree Bush Grass Vine Flower Weed

Flower color? _____ Season of Flowering? _____ Berries? _____

Plant location? (flower bed, vegetable garden, turfgrass/lawn, etc.) _____

Additional Information:

Insect ID

Insect ID

Where did you notice the insect(s)? _____ How many are you noticing daily? _____

If insect was found indoors, please answer the following:

Is your home on a basement, crawl space, or slab? _____ Any interior moisture issues, if so, where? _____

Additional Information: