ID and DIAGNOSTIC FORM

Date Received by Clinic __________________________ CSU Sequence # __________________________

**ID Level Required (check one)**

- Insect ID
- General Disease
- ELISA Virus Test
- Plant ID
- Molecular Identification

Please see our webpage for current pricing and additional services.

**DATE COLLECTED______________**

**SUBMITTER______________**

**COUNTY______________**

**Client** (for billing purposes)

Billing Address __________________________ City/Zip __________________________ Phone/E-mail __________________________

Host Name (common/scientific) ____________________________________________________________

Variety __________________________________________

**Location**: greenhouse; nursery; lawn/landscape; other; field; forest; home/building; home garden; human/animal; windbreak/shelterbelt; other (please specify)

**Plant Part Affected** __________________________________________

**Symptoms** __________________________________________

**Additional Information** (plant history, chemical use, fertilizer, water, etc.) Use back of sheet if necessary. The more information you are able to provide, the easier it makes for a diagnosis and to offer recommendations.