

Mail to:
PLANT/INSECT ID & DIAGNOSTIC CLINIC
C-129 PLANT SCIENCES BUILDING
COLORADO STATE UNIVERSITY
FORT COLLINS, CO 80523-1177
(970) 491-6950 updated 05/17



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

DATE COLLECTED _____

SUBMITTER _____

COUNTY _____

Please see our webpage for current pricing and additional services

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.