

Mail to:  
PLANT/INSECT ID & DIAGNOSTIC CLINIC  
E-215 PLANT SCIENCES BUILDING  
COLORADO STATE UNIVERSITY  
FORT COLLINS, CO 80523-1177  
(970) 491-6950 updated 02/06



## ID and DIAGNOSTIC FORM

Date Received by Clinic \_\_\_\_\_  
CSU Sequence #

<b>ID Level Required (check one)</b> <input type="checkbox"/> Insect ID (\$7.00) <input type="checkbox"/> General Disease (\$10/plant) <input type="checkbox"/> Fungal/Bacterial Culture (\$20) <input type="checkbox"/> ELISA Virus Test (\$varies) <input type="checkbox"/> Plant ID (\$7.00) <input type="checkbox"/> Recommendation (NC) <input type="checkbox"/> Molecular Identification (\$varies)	<b>DATE COLLECTED</b> _____ <b>SUBMITTER</b> _____ <b>COUNTY</b> _____
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**Client** (for billing purposes)

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<b>Billing Address</b>	<b>City/Zip</b>	<b>Phone/Fax/E-mail</b>
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**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**

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**Symptoms**

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