Sample Submission Form

Client Information

(Name)
(Business/Organization)
(Billing address)
(City/state/zip code)
(Phone number)
(Email address)

Basic Services

General disease diagnosis [ ]
Molecular disease diagnosis [ ]
Plant identification [ ]
Insect identification [ ]
Other: ______________________________

Sample Information

(Date collected) (Date submitted) (County collected)

(Plant name) (Plant variety) (Location: yard, field, etc)

Symptoms & History (please describe symptoms and plant care; fertilizers, pesticides, water used, etc)

Please send digital images of samples and symptoms to: plantlab@colostate.edu

Date Received by Clinic ______________

Clinic notes:

Com Ans Rep Inv Pai

CSU Sequence #