Sample Submission Form

Date: __________
Plant/Crop: _______________________________________

Client Information:

Submitter Information

Name: ______________________________________________
Address: __________________________________________
City/Zip: __________________________ Zip: ____________
County: ___________________________________________
Phone: ____________________________________________
Email: ____________________________________________
Fax: ______________________________________________

Grower Information (If different from submitter)

Name: ____________________________________________
Address: __________________________________________
City/Zip: __________________________ Zip: ____________
County: ___________________________________________
Phone: ____________________________________________
Email: ____________________________________________
Fax: ______________________________________________

Mail Results and Bill to:
☐Submitter ☐Grower

Problem:
Description: (e.g.: symptoms such as dieback, root rot, canker/gall, leaf spot, yellowing, stunted growth; site information such as wet/dry area, other plants affected, when symptoms were discovered)

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For PDDC Use Only:

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Return your sample with this completed form to the: Plant Disease Diagnostics Clinic, Department of Plant Pathology, University of Wisconsin-Madison, 1630 Linden Drive, Madison, WI 53706-1598

Average turn around time is approximately 2 weeks from time of receipt. Please call (608) 262-2863 if you have not received a report by three weeks after submission.

Typical sample cost is $20-25. An invoice will be enclosed with your report.