



Plant Disease Diagnostics Clinic  
**Sample Submission Form**

**For PDDC Use Only:**  
Intake Number: \_\_\_\_\_  
Sample Number: \_\_\_\_\_  
Charge: \_\_\_\_\_  
Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Plant/Crop: \_\_\_\_\_

**Client Information:**

**Submitter Information**

**Grower Information (If different from submitter)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip \_\_\_\_\_  
County: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Fax: \_\_\_\_\_

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For PDDC Use Only:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return your sample with this completed form to the: Plant Disease Diagnostics Clinic (PDDC), 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 \$20-50. An invoice will be enclosed with your report.