



NEVADA DEPARTMENT OF AGRICULTURE
 STATE PLANT PATHOLOGY LABORATORY
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SPECIMENS FOR DIAGNOSIS OF PLANT DISEASES AND DISORDERS

SENDER	NAME OF SENDER		DATE OF SENDING		SENDER'S SAMPLE TRACKING NUMBER (OPTIONAL)	
	EMAIL ADDRESS (Preferred way to send a report. Please print)				OTHER CONTACT INFORMATION	
	MAILING ADDRESS (Please print)				Work Phone:	
	Street:				Home Phone:	
City/State/Zip:				Cellular Phone:		
				Fax:		
PURPOSE	SERVICE CATAGORIES (Check One)					
	<input type="checkbox"/> Problem on In-Door House Plants		<input type="checkbox"/> Nursery Inspection		<input type="checkbox"/> Genetic Modified Organism (GMO) Test	
	<input type="checkbox"/> Problem on Home Yard Plants		<input type="checkbox"/> Port of Entry Shipment Inspection		<input type="checkbox"/> Nematode Test	
	<input type="checkbox"/> Problem on Plants in Nurseries		<input type="checkbox"/> Organic or Seed Certification		<input type="checkbox"/> Specific Pathogen Test (Specify):	
	<input type="checkbox"/> Problem on Commercial Landscape Plants		<input type="checkbox"/> Sudden Oak Death Trace Forward		<input type="checkbox"/> Soil Test (Not Available)	
	<input type="checkbox"/> Problem on Agricultural Crops		<input type="checkbox"/> Phytosanitary Inspection		<input type="checkbox"/> Plant Nutrition Test (Not Available)	
	<input type="checkbox"/> Problem on Forest Trees		<input type="checkbox"/> Quarantine Inspection		<input type="checkbox"/> Other (Specify):	
HOST DATA	HOST INFORMATION					
	COMMON NAME OF PLANT			SCIENTIFIC NAME OF PLANT		
	DISTRIBUTION OF DAMAGE <input type="checkbox"/> LIMITED <input type="checkbox"/> SCATTERED <input type="checkbox"/> WIDESPREAD		PLANT PARTS AFFECTED ("X" All Applicable Items)		PLANT SYMPTOMS ("X" All Applicable Items)	
			<input type="checkbox"/> Leaves	<input type="checkbox"/> Roots	<input type="checkbox"/> Abnormal Growth	<input type="checkbox"/> Stem Rust
		<input type="checkbox"/> Petiole	<input type="checkbox"/> Buds	<input type="checkbox"/> Leaf Blight	<input type="checkbox"/> Fruit rot	
		<input type="checkbox"/> Stem	<input type="checkbox"/> Bulbs, Tubes, Corms	<input type="checkbox"/> Leaf Chlorosis	<input type="checkbox"/> Galls	
		<input type="checkbox"/> Trunk/Bark	<input type="checkbox"/> Flowers	<input type="checkbox"/> Leaf Spot	<input type="checkbox"/> Sudden Death	
		<input type="checkbox"/> Branches	<input type="checkbox"/> Blossoms	<input type="checkbox"/> Leaf Rust	<input type="checkbox"/> Root Rot	
		<input type="checkbox"/> Growing Tips	<input type="checkbox"/> Fruits or Nuts	<input type="checkbox"/> Dieback	<input type="checkbox"/> Wilt	
		<input type="checkbox"/> Twigs	<input type="checkbox"/> Seeds	<input type="checkbox"/> Stem Canker	<input type="checkbox"/> Others:	
SAMPLE	TYPE OF SAMPLE		LOCATION OF SAMPLE		NAME OF NURSERY (STATE INSPECTOR ONLY):	
	<input type="checkbox"/> Flower	<input type="checkbox"/> Bark	County:	Longitude:	REMARKS:	
	<input type="checkbox"/> Fruit	<input type="checkbox"/> Root	Street:			
	<input type="checkbox"/> Leaf	<input type="checkbox"/> Soil	City:	Latitude:		
<input type="checkbox"/> Branch	<input type="checkbox"/> Whole plant	Zip:				
<input type="checkbox"/> twig	<input type="checkbox"/> Other					
PROBLEM DESCRIPTION AND/OR TENTATIVE DETERMINATION BY SENDER						
LABORATORY USE ONLY				LABORATORY USE ONLY		
Lab Action:				0554 LAB DATABASE ID:		
				DATE RECEIVED:		
				DATE PROCESSED:		
Diagnosis:				DATE REPORTED:		
				CONFIRMATION <input type="checkbox"/> Confirmed <input type="checkbox"/> Not Detected <input type="checkbox"/> Suspected <input type="checkbox"/> Inconclusive		
Rx:				DIAGNOSTIC PROCEDURES ("X" All Applicable)		
				<input type="checkbox"/> Image Observation	<input type="checkbox"/> Immunostrip	
				<input type="checkbox"/> Visual Observation	<input type="checkbox"/> Biochemical Analyses	
				<input type="checkbox"/> Moist Chamber Induction	<input type="checkbox"/> ELISA / Serology	
				<input type="checkbox"/> Microscopic Examination	<input type="checkbox"/> Conventional PCR	
				<input type="checkbox"/> Culture – All Purpose	<input type="checkbox"/> Real-time PCR	
				<input type="checkbox"/> Cultural - Selective	<input type="checkbox"/> DNA Barcode	
				<input type="checkbox"/> Bioassay (Greenhouse)	<input type="checkbox"/> Nematode Extraction	
				<input type="checkbox"/> On Site Diagnosis	<input type="checkbox"/> Other	