



# NC State Plant Disease and Insect Clinic

## General Sample Submission Form\*

Campus Box 7211  
1227 Gardner Hall, 100 Derieux Pl.  
Raleigh, NC 27695-7211  
<https://pdic.ces.ncsu.edu/>

\*Online data entry ([plantclinic.ces.ncsu.edu](http://plantclinic.ces.ncsu.edu)) is required for turfgrass disease diagnostics and encouraged for all submissions when possible.

**Office use only:**

Clinic # \_\_\_\_\_ Date Rec'd \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Amount: \$ \_\_\_\_\_ Cash  Check # \_\_\_\_\_ No charge

**Payment:** Enclosed \$ \_\_\_\_\_ *Make payable to "NCSU".*  
**or Bill to:**

Client  Consultant  County  Commodity fund

**Date sample collected:** \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

**Collector:** Client  Agent  Consultant  Other

**Plant/crop:** \_\_\_\_\_ *Genus/species:* \_\_\_\_\_ *Variety* \_\_\_\_\_

**Site (circle):** Field crop Container nursery Field nursery Greenhouse Home grounds Commercial grounds Household Other \_\_\_\_\_

**Client information** (grower, homeowner, etc.) → Sample collected at this address? Yes  No  (*If "No" provide locality in comments.*)

\_\_\_\_\_  
Last name First name Company

\_\_\_\_\_  
Address City State Zip County

\_\_\_\_\_  
Email Phone Cell

**Other contact information** (agent, consultant, PCO, NCDA&CS specialist, landscaper, etc.)

\_\_\_\_\_  
Last name First name Company

\_\_\_\_\_  
Address City State Zip County

\_\_\_\_\_  
Email Phone Cell

**% of planting affected:** \_\_\_\_ **Problem:** Disease  Insect  Other  **Control:** Commercial  Non-commercial  Organic  None

**Distribution of symptoms:** Widespread Random plants Strips Patches Single plant Other \_\_\_\_\_

**Plant Symptoms and Signs** (Check all that apply. *Note: needles = leaves.*)

- decay ( root/tuber/bulb,  crown,  stem,  fruit,  leaf,  seed)
- wilting ( upper leaves,  lower leaves,  individual branches,  whole plant)
- canker/dieback ( twigs,  branches,  trunk)
- leaf spots ( brown/tan,  black/purple,  yellow border,  red border,  tiny,  small/medium,  large blotches,  upper leaves,  lower leaves)
- yellowing ( upper leaves,  lower leaves,  between veins)
- browning ( whole leaves,  leaf margins/tips,  other \_\_\_\_\_)
- mosaic/mottle/color break ( leaves,  flowers,  other \_\_\_\_\_)
- shedding ( leaves,  flowers,  fruit,  twigs)
- galls and other malformations ( leaves,  stems,  roots,  flowers/fruit)
- fungal structures: mushrooms, conks, or mold → *Where?* \_\_\_\_\_
- other (describe) \_\_\_\_\_

**Pest Signs:** (Check all that apply. *Note: needles are leaves.*)

- boring/tunneling/galleries in stems, trunks
- chewing/skeletonizing/holes on leaves
- mining leaves
- discoloration/stippling/patterns on leaves
- galls, curling or malformation of plant parts

**Pest Structures:**

- eggs/egg-bearing structures
- dry frass (pellets, sawdust, toothpicks, etc.)
- wet feces or fecal specks
- wax deposits
- webbing/silk
- other (describe) \_\_\_\_\_

**Additional pest information:** Where was the pest found? (plant part, room type, etc.) \_\_\_\_\_

What was the pest doing? \_\_\_\_\_ Degree of infestation (approx. # found) \_\_\_\_\_

**Comments:** (e.g. pesticides/fertilizers used, previous crops, planting or transplant date, site conditions, when issue was noticed, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(use back of form if additional space needed)*