

**Michigan State University
Plant & Pest Diagnostics**

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Lab Use Only

Case # _____
Date received _____
Amount paid _____
Check/receipt # _____
Diagnostic fee _____

Submitter

Name _____
Business _____
Address _____
City/State/Zip _____
Phone _____ FAX _____
Email address* _____

Grower Information (required)

Name _____
Business _____
Address _____
City/State/Zip _____
Phone _____ FAX _____
Email address* _____

**Results will be sent via email, if you prefer a hard copy, check here*

Send results to Submitter Grower/Other

Blueberry cultivar: _____

Sampling location (state and county) _____ Sample reference _____

Describe symptoms or injury _____

When did symptoms first appear? _____

Plant parts affected

- Entire plant
- Leaves/needles
- Twigs/limbs
- Bud
- Trunk/stem
- Roots
- Fruit
- Flower

Type of planting

- Field
- Greenhouse
- Other _____
- Garden
- Nursery

Prevalence

- Entire planting
- Single area
- Few scattered plants
- Other _____

Soil type

- Sandy
- Muck
- Soilless media
- Clay
- Silt loam

Other background information

Age of plant _____ How many plants affected? _____
Planting date _____ How often watered? _____
Height of plant _____ Sunny or shaded? _____

Chemical history – List fertilizer, herbicide, insecticide, fungicide, and PGR applications, including date and rate used

Diagnostic fees will be paid by the Michigan Blueberry Commission

For questions on this form, please contact the lab