

Mail or drop off samples to:
URI Plant Diagnostic Laboratory
3 East Alumni Avenue
Kingston, RI 02881

Please include a check for \$10/sample payable to "URI Plant Diagnostic Lab" with this form and sample(s).

SUBMITTER INFORMATION (please print clearly):

Submitter Name: _____ Date: _____

Business Name: _____

Street Address, City, State Zip Code: _____

Phone: _____ Email: _____

SAMPLE INFORMATION:

Date sample was collected: _____ Date sample was planted: _____

Plant Type and Species: _____ Plant Affected (%): _____

INSECT DAMAGE OBSERVATIONS (please select/answer the most appropriate choice/question):

Plant Type:

- Ornamental
- Fruit
- Vegetables
- Forest/Shaded tree
- Field crop
- Greenhouse
- Pasture
- Lawn
- Other: _____

Parts of the Plant Affected by Insect:

- Leaves
- Growing tips
- Buds
- Blossoms
- Fruit
- Nuts/Seeds
- Stem/Twigs
- Roots
- Other: _____

Symptoms Observed:

- Leaf yellowing/discoloration
- Leaf stippling
- Tip burn
- Fruit damage
- Leaf/trunk holes
- Fruit damage
- Abnormal growth
- Galls
- Other: _____

Insect Control Methods Used:

- Insecticides
Product Name: _____
- Other products
- Traps
Date of Use: _____

Additional Comments and other relevant information:

FOR OFFICE USE ONLY

No. of Samples: _____ Amount Paid: _____ Date Received: _____

Resubmission? Yes No Submission Type? Mail-In Walk-In