

THPPDDL use only.

Sample #:

Texas High Plains Plant Disease Diagnostic Laboratory

6500 Amarillo Blvd. W
Amarillo, Texas 79106

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PDDF-001



Plant Disease Diagnosis Form

This form must be completed in it's entirety in order for any test to be performed

Grower Information (must be filled out)

Name: _____
Company name (if commercial): _____
Address: _____
City: _____ State/Zip: _____
County: _____
Phone: _____
Email: _____

Submitter is: AgriLife personnel Homeowner Consultant
 Golf Course Commercial Other: _____

Send result via: Email Standard mail _____

Submitter Information (if different from grower)

Name: _____
Company name (if commercial): _____
Address: _____
City: _____ State/Zip: _____
County: _____
Phone: _____
Email: _____

Submitter is: AgriLife personnel Homeowner Consultant
 Golf Course Commercial Other: _____

Send results to: Submitter Grower Other: _____

Below must be completed for diagnostic services. PRINT and mark all that apply.

Plant: _____ Variety/cultivar: _____ Planting date: _____

Date first noticed: _____ Problem developed: suddenly gradually

Watering practices: Sprinklers Hand water Drip system None

Watering frequency: Less than 3 times/week More than 3 times/week Variable/as needed Daily

Pesticide/chemical application in last 3 weeks? Yes No Product applied? _____

Have you consulted other labs? Yes No If yes, what was concluded? _____

Have you contacted an AgriLife Extension Agent about this problem? Yes No

Would you like a copy of the results sent to your County Extension Agent? Yes No Agent Name _____

Comments: _____

As of May 13, 2019: The routine diagnostic charge is \$35 per sample for fungal and bacterial testing. This includes triage, microscopy, culturing and other basic tests as necessary (for fungi and bacteria), diagnostic report, and management suggestions. All out-of-state samples will have a \$20 surcharge per sample. Refer to the back of this form to view sampling and mailing instructions.

<p>All Samples</p> <p>\$35 routine diagnostic charge covers bacterial and fungal testing only.</p>	<p>Virus Testing</p> <p>choose any 2 tests for an additional \$35 or choose all 4 tests for an additional \$50</p> <p><input type="checkbox"/> Wheat Streak Mosaic Virus <input type="checkbox"/> Barley Yellow Dwarf Virus <input type="checkbox"/> Triticum Mosaic Virus <input type="checkbox"/> High Plains Virus</p>	<p>Mycotoxin Analysis</p> <p>each mycotoxin analysis is \$35 per test per sample</p> <p><input type="checkbox"/> Fumonisin <input type="checkbox"/> Aflatoxin <input type="checkbox"/> Deoxynivalenol (DON)</p>	<p>GMO Testing</p> <p>each GMO test is \$35 per test per sample</p> <p><input type="checkbox"/> Corn <input type="checkbox"/> Soybean</p>	<p>Seed Testing</p> <p>\$50 per sample batch per pathogen (one sample batch is 200 seeds)</p>
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You can make a payment at thppdd-lab.tamu.edu/pay

I agree to pay a minimum of \$35 for this service; fees may be greater, based on services performed. I understand that accurate disease identification, diagnosis, and management recommendations are dependent on submission of appropriate specimens with thorough background information. Incomplete information and/or poor samples may lead to inaccurate diagnosis.

Signature: _____ Printed name: _____ Date: _____