

**Sample Submission Form
OSU Vegetable Pathology Lab**

Please print clearly with ink. Please fill out both pages of the form.

Diagnostic Lab Contacts:

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INQUIRER'S INFORMATION (PERSON WHOM OWNS THE PLANT)

Name: _____ Organization: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

CONTACT INFORMATION (PERSON WHO SHOULD BE CONTACTED WITH RESULTS)

Name: _____ Organization: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

SAMPLE INFORMATION

Crop: _____ Variety: _____

Was this sample organically produced?

Was the seed treated? If yes, how or with what?

How was the plant produced (open field, hoop house, greenhouse etc)?

Did the crop receive irrigation water? If yes, what mode of irrigation was used?

Was there a major storm in the last 72 hours in the area? If yes, was there hail?

Are neighboring fields showing similar symptoms?

Please indicate any fungicides, insecticides or herbicides that were applied to this sample in the last 10 days?

Was neighboring land sprayed with any herbicides in the last 10 days? If yes, which herbicide was used?

Have you noticed any insect infestations in the last 10 days? If yes, which insects?

Please provide any additional information that you think may help us with the diagnosis.