Washington State Department of Agriculture
Plant Protection Division
21 North 1st Ave, Ste 103
Yakima WA 98902
(509) 249-6960

PEST AND DISEASE SAMPLE

SAMPLE NUMBER

☐ DISEASE ☐ NEMATODE ☐ INSECT ☐ OTHER

NOTE:

DATE COLLECTED

COLLECTOR

URGENCY: ☐ RETURN CALL ☐ CALLED

☐ IMMEDIATE ☐ AS TIME PERMITS ☐ FOR INFORMATION ONLY

OWNER ADDRESS CITY COUNTY ZIP CODE

Lat. N ___ ___ ° ___ ___ . ___ ___

Long. W ___ ___ ___ ° ___ ___ . ___ ___

GRI ☐ 599 ☐ 994

	<100	>100	>200
SNR 0	☐	☐	☐
SLAVE 1	☐	☐	☐
SLAVE 2	☐	☐	☐

PHONE NUMBER ( )

HOST AND VARIETY (SCIENTIFIC AND COMMON NAMES)

CROP LOCATION ☐ Greenhouse ☐ Field ☐ Ball & Burlap

SIZE OF CROP (ACRES, ETC.)	% OR NUMBER AFFECTED	AGE OF PLANTS (crop stage)	DISEASE SEVERITY (% of plant affected)

Sampling Methods / Samples Submitted

RECORD NUMBER _ __ __ __ __ __ __ __

PEST DISTRIBUTION ☐ FEW ☐ ABUNDANT ☐ COMMON ☐ EXTREME

CHEMICALS OR FERTILIZER APPLIED (TYPE - RATE)

☐ Insecticide ☐ Nematicide

☐ Fungicide ☐ Fertilizer

WEATHER ☐ Clear

CLOUD COVER: ☐ 1/4 ☐ 3/4 ☐ 1/2 ☐ Full

SOIL MOISTURE: ☐ Wet ☐ Moist ☐ Dry

TEMPERATURE: ☐ C° ☐ Time:

MOISTURE: ☐ Rain (past 12 hours) ☐ Dew

FIELD HISTORY:

SOIL TYPE: ☐ LIGHT ☐ MODERATE ☐ HEAVY

IRRIGATION: ☐ OVERHEAD ☐ DRIP ☐ SURFACE ☐ NONE

TILLAGE: ☐ TILLAGE ☐ MINIMAL ☐ NO

CROPPING: ☐ Previous crop: ☐ No. years in present crop: ☐ Next year:

PLANT PARTS AFFECTED:

☐ LEAVES-upper surface ☐ PETIOLE
☐ LEAVES-lower surface ☐ STEM
☐ TRUNK / BARK ☐ BRANCHES
☐ GROWING TIPS ☐ ROOTS
☐ BULBS, TUBERS, CORMS ☐ BUDS
☐ FLOWERS ☐ SEEDS
☐ NUTS OR FRUIT

DISTRIBUTION:

☐ SCATTERED ☐ GROUPS
☐ MOST OF FIELD ☐ ON SLOPES
☐ LOW AREAS ☐ UPLANDS

SYMPTOMS:

BIOTIC:
☐ Root/Stem Rot ☐ Mosaic/Mottle ☐ Damping off ☐ Canker/Dieback ☐ Anthracnose
☐ Leaf Spot ☐ Scab ☐ Blight ☐ Soft/Dry Rot ☐ Gall/Wart/Enations
☐ Witch Br. ☐ Leaf Curl ☐ Wilt ☐ Rust ☐ Mildew

ABIOTIC:
☐ Burn ☐ Decline ☐ Russetting ☐ Sunscald ☐ Nutrient Deficiency

MECHANICAL:
☐ Webbing ☐ Russetting ☐ Galls ☐ Girding ☐ Bore Holes*
☐ Defoliation ☐ Silvering ☐ Flagging ☐ Leaf Mining ☐ Skeletonizing*
☐ Leaf Feeding* ☐ Leaf Roll

*Describe shape (use Map section below)

TENTATIVE IDENTIFICATION:

REMARKS (multiple varieties):

LABORATORY RESULTS

DETERMINATION AND FOLLOWUP ACTION TAKEN:

MAP

DATE RECEIVED

IDENTIFIER

DISPOSITION OF SPECIMEN(S)

❑ ENTERED INTO COLLECTION ❑ DISPOSED OF ❑ FORWARDED (COMPLETE BELOW)

SENT TO:	DATE SENT	REPLY RECEIVED