



Disease Identification Form

Schutter Diagnostic Lab
119 Plant BioScience Facility
Montana State University
Bozeman, MT 59717

Date _____

Client Name _____ **Email** _____

Address _____ **Phone** _____

City _____ **Zip** _____

Plant common or scientific name _____

Variety _____

Planting date, age of plant or size _____

Approximate date problem first appeared _____

What do you see that makes you think there is a problem? _____

Describe the location/environment: _____

Describe the pattern of disease problem in the field or area: _____

Agent _____ **County** _____

Please see back

Pesticides used Please circle: Yes or No

(give name and rate if possible) fungicide _____
insecticide _____
herbicide _____

Please list if any soil amendments were used (compost, manure, grass clippings, etc.)

Did the problem show up all at once? Yes No

Is the problem getting worse? Yes No

Check problem distribution on the plant(s) (check as many as apply):

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> This season's growth | <input type="checkbox"/> Top of plant | <input type="checkbox"/> Limited |
| <input type="checkbox"/> Last season's growth | <input type="checkbox"/> One side of plant | <input type="checkbox"/> Widespread |
| <input type="checkbox"/> Bottom of plant | <input type="checkbox"/> Scattered | <input type="checkbox"/> Other _____ |

Check the plant part(s) affected (check as many as apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Leaves/needles:
<input type="checkbox"/> Upper Surface
<input type="checkbox"/> Lower Surface | <input type="checkbox"/> Stem/stalk
<input type="checkbox"/> Flowers
<input type="checkbox"/> Fruit/seed
<input type="checkbox"/> | <input type="checkbox"/> Roots
<input type="checkbox"/> Bulbs/rhizomes
<input type="checkbox"/> Tubers
<input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Branches/twigs | | |

Describe what you see on the plant(s):(check as many as apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Yellowing
<input type="checkbox"/> Interveinal yellowing | <input type="checkbox"/> Browning/scorched
<input type="checkbox"/> Interveinal browning
<input type="checkbox"/> Marginal browning | <input type="checkbox"/> Seed rot
<input type="checkbox"/> Stem rot |
| <input type="checkbox"/> Canker | <input type="checkbox"/> Leaf spot/holes | <input type="checkbox"/> Rot |
| <input type="checkbox"/> Dead Areas | <input type="checkbox"/> Distortion/curling | <input type="checkbox"/> Stunted |
| <input type="checkbox"/> Dieback | <input type="checkbox"/> Mottle/mosaic | <input type="checkbox"/> Seedling blight |
| <input type="checkbox"/> Galls | <input type="checkbox"/> | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mold/Webbing | <input type="checkbox"/> | <input type="checkbox"/> |