

# Dial U Insect and Plant Information Request

Date \_\_\_\_\_

Send samples to: Insect and Plant Information  
155 Alderman Hall  
1970 Folwell Ave.  
St. Paul, MN 55108

Please help us so that we can make an accurate identification of your plant, insect or disease problem. Read and fill out the following information **as completely as possible.**

Your Name \_\_\_\_\_ Phone \_\_\_\_\_ Are you: Homeowner, home gardener   
 Address \_\_\_\_\_ Commercial grower/seller   
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County Agent   
 County \_\_\_\_\_ Master Gardener

Sample submitted for: Name \_\_\_\_\_  
 (if different than above) Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_

PLEASE NOTE: The more information we have, the better we can diagnose the problem or do identification. "Additional Comments" can be particularly helpful. Tell us in your own words as much as you can about the plant or insect.

**For all samples, please fill out "Background Information" (Section I) AND the specific area of concern (Section II, III, or IV).**

# I. BACKGROUND INFORMATION

## Turf:

home lawn  park  other \_\_\_\_\_

sodded  seeded  sunny area  irrigation practiced  Year established \_\_\_\_\_

Fertilizer used: ratio: \_\_\_\_\_

rate: \_\_\_\_\_

## Trees and Shrubs:

street or terrace  yard  windbreak or screen  park  woodland or forest  sunny area  shady area

Direction of exposure to wind and sun \_\_\_\_\_

Has soil been disturbed in recent years? \_\_\_\_\_

Year established or approximate age and size \_\_\_\_\_

## Houseplants

How often do you water? \_\_\_\_\_

How often do you fertilize? \_\_\_\_\_

What fertilizer do you use? \_\_\_\_\_

Exposure: full sun  morning sun  afternoon sun  indirect light

## Soil Type:

sandy  sandy loam  loam  silt loam  clay loam  clay  peat  depth of topsoil \_\_\_\_\_

Cropping history: \_\_\_\_\_

Soil test information: \_\_\_\_\_ When done: \_\_\_\_\_

Chemical applied to crop or area: Fertilizer \_\_\_\_\_

Herbicide \_\_\_\_\_ Type of incorporation \_\_\_\_\_

Fungicide \_\_\_\_\_ Insecticide \_\_\_\_\_

Herbicide (previous year) \_\_\_\_\_

## Additional comments:

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## II. INSECT IDENTIFICATION

To send an insect specimen to the clinic:

1. Place dry insects in small, sturdy containers such as pill jars or aspirin tins. Pack in a mailing tube or box with paper or stuffing to prevent damage in the mail.
2. Specimens in bottle of alcohol should also be packed carefully in tubes or boxes to prevent breakage.
3. DON'T put insects loose or wrapped in paper in an envelope.
4. DON'T use tape to secure insects.
5. DON'T ship specimens in water or live specimens in tight bottles, jars, or bags.

**The insect was found:**

in the home: kitchen  basement  bathroom  food  other  \_\_\_\_\_

outdoors on: vegetables  flowers  trees or shrubs  turf  name of plant (if known) \_\_\_\_\_

other: \_\_\_\_\_

**Number of insects found:** \_\_\_\_\_

**Type of damage:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

## III. PLANT IDENTIFICATION & HORTICULTURAL INFORMATION

To send a plant specimen to the clinic:

1. For small plants send the entire plant, including roots if possible, wrapped in dry paper towels.
2. For tree or shrubs send a 6-8 inch woody portion, including leaves, flowers, and fruit, as available.
3. Mail samples early in the week to aid fast delivery. Fresh plant materials decompose if left in the post office over the weekend.
4. DON'T wrap plants in plastic or seal in a plastic bag. They decay very quickly.

**Type of plant:**

tree  shrub  vine  flowering or non-woody  houseplant  grass  weed

**Height:**

less than 1 ft.  1-3 ft.  3-10 ft.  10-25 ft.  more than 25 ft.  don't know

**Location:**

home  turf  garden  roadside  wooded area  prairie or grassland  houseplant

other (please describe) \_\_\_\_\_

**Exposure:**

full sun  half-day sun  shade  don't know

**Flower:**

no  yes  don't know  size \_\_\_\_\_ color \_\_\_\_\_

**Fruit:**

no  yes  don't know  size \_\_\_\_\_ color \_\_\_\_\_

The plant is natural  or planted

**Comments:** \_\_\_\_\_

## IV. PLANT DISEASE IDENTIFICATION

To send a plant specimen to the clinic for disease diagnosis:

1. Collect **living** plant material showing symptoms. If possible send several samples which show the progression of symptoms from mild to severe.
2. DON'T send single leaves. For trees or shrubs, send small branches with leaves. For small plants, send the entire plant, including roots.
3. For tree wilts, cut branches 1/2-1 inch in diameter and 8-10 inches long from branches which are actively wilting, but not totally dead. If possible send 2-3 samples from more than one branch.
4. For turf samples, cut a 6-inch square piece that is 3-4 inches deep. Cut from the margin of healthy and dead grass.
5. Wrap samples in several layers of dry paper towels and place in a box or strong envelope. Do **not** wrap in plastic.
6. Mail samples early in the week to aid fast delivery. Fresh plant materials decompose if left in the post office over the weekend.

Crop or Plant \_\_\_\_\_ Species or Variety \_\_\_\_\_

### Part(s) of plant affected and appearance:

#### Roots:

apparently normal  poor growth  galls or swellings  discolored  rotted  other \_\_\_\_\_

#### Stem, trunk or branches:

apparently normal  poor growth  galls or swellings  discolored externally  top dieback   
cankered (dead areas)  cracked  loose bark  rotted or decayed  other \_\_\_\_\_

#### Leaves:

apparently normal  abnormal growth  galls or swellings  wilted  falling prematurely   
spotted or blighted  yellowed  mottled  other \_\_\_\_\_

#### Fruit or flowers:

apparently normal  abnormal growth  spotted or blighted  rotted  mottled  other \_\_\_\_\_

Other (specify) \_\_\_\_\_

#### Distribution of problem:

scattered plants	<input type="checkbox"/>	upland	<input type="checkbox"/>	lower branches	<input type="checkbox"/>
groups of plants	<input type="checkbox"/>	slopes	<input type="checkbox"/>	upper branches	<input type="checkbox"/>
most of field or planting	<input type="checkbox"/>	low areas	<input type="checkbox"/>	random branches	<input type="checkbox"/>
		no association with terrain	<input type="checkbox"/>		

Symptoms first appeared in past \_\_\_\_\_ days  weeks  months

#### Weather conditions prior to development of symptoms:

Indicate whether: normal, above normal, or below normal

temperature \_\_\_\_\_ rainfall \_\_\_\_\_

humidity \_\_\_\_\_ wind \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_