

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:

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: _____

