



## Disease Identification Form

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

Date \_\_\_\_\_

Client Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pesticides used      none      fungicide \_\_\_\_\_

(give name and rate if possible)      insecticide \_\_\_\_\_

herbicide \_\_\_\_\_

Did the problem show up all at once?       Yes       No

Is the problem getting worse?       Yes       No

Describe the pattern of disease problem in the field or area: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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**Agent** \_\_\_\_\_ **Email** \_\_\_\_\_  
**County** \_\_\_\_\_ **Phone** \_\_\_\_\_

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