



C. Wayne Ellett
PLANT AND PEST DIAGNOSTIC CLINIC

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Office Use Only
Sample # _____
Date Rec. _____
Amt. Rec. _____
Ck. # _____
Ser Amt. _____

SAMPLE COUNTY: _____

Extension Educator: _____

Educator County: _____

CONTACT:

Name: _____

Company: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

SEND RESULTS TO:

Contact OSUE Educator Other

BILL TO:

Contact OSUE Educator Other

Other: _____

CONTACT TYPES: Commercial Residential

Farm Nursery Greenhouse Tree Farm Other _____

PLANT DIAGNOSTIC / IDENTIFICATION

Crop / Plant: _____ Variety: _____

Previous Crop: _____ Age of Planting: _____

Date Symptoms Noticed: _____ Close to asphalt/cement surface? Yes No

Mulch Present: Yes No Soil Condition: Wet Dry Type of Irrigation: _____

ADDITIONAL INFORMATION: (symptoms, soil type, size of planting affected, fertilizer /treatment applications, etc.)

INSECT IDENTIFICATION

Date Noticed: _____ Number Found (estimate) _____

Found in/around a building: Residential Commercial Other _____

Room: Basement Kitchen Bath Other _____

Found on mammal: Human Animal (cat, dog, etc.) _____

Found on plant: Plant Name _____ Area of Plant: Bark Branches Leaves

Mulch Present: Yes No

ADDITIONAL INFORMATION:

