



# Sample Submission Form

Send to: SDSU Plant Diagnostic Clinic

Berg Ag Hall 203, Box 2207D  
1451 Stadium Road  
Brookings, SD 57007-1090  
Phone: (605)688-5545

E-mail: sdsu.pdc@sdstate.edu

Physical Address: Berg Agricultural Hall, RM 203

After hours drop Off: North side entrance,  
Berg Ag Hall, RM 001 (outside)

**For Lab Use Only**

Rec'd: \_\_\_\_\_

**Condition on Arrival**

Excellent       Good  
 Fair             Poor

Amt: \_\_\_\_\_ Check #: \_\_\_\_\_

Called (Date & Initials)

**SUBMITTER/Billing Address**

**CLIENT**

Check if Client is to be billed instead of submitter

Name: _____	Name: _____
Business Name: _____	Business Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____ Cell: _____	Phone: _____ Cell: _____
E-mail: _____	E-mail: _____

**Sample Fees: Will be billed to Submitter unless otherwise notified.**  
 Basic diagnosis is \$25.00 (in state fee), \$35.00 (out of state fee). You will be notified if a more advance analysis is needed.      **Make checks payable to: SDSU Plant Diagnostic Clinic**

Date Collected: \_\_\_\_\_ Crop/ Plant or Other: \_\_\_\_\_

County Collected: \_\_\_\_\_ Variety/Cultivar: \_\_\_\_\_

Chemical History:	Chemical Name	Application Date	Rate	Previous Year
Fertilizer:	_____	_____	_____	_____
Herbicide:	_____	_____	_____	_____
Insecticide:	_____	_____	_____	_____
Fungicide:	_____	_____	_____	_____

**When did you first notice the symptoms/problems? Please describe problem and culture practices in detail (water, sun, plant age, etc.). Attach photos if possible (Please use reverse side for more space).**