

FOREST DISEASE DIAGNOSTIC REQUEST FORM

For Diseased Tree and Shrub Specimens Only\*

(Please fill out completely)

1. Species or variety affected \_\_\_\_\_ . Collection date \_\_\_\_\_

2. County \_\_\_\_\_.

3. Township \_\_\_\_\_.

4. Location in Township: (use area at right to construct map)\*\*

5. Property owner, address, and daytime phone number:

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

6. Sample included\*\*\* - yes  no

7. Location of affected plants:

- Forest or Woodlot
- Yard or Landscape
- Street or Driveway
- Barnyard or Pasture
- Tree Plantation .

8. Has the ground been disturbed around the affected plants?

yes no when? \_\_\_\_\_

9. Has the plant been recently transplanted? yes no

10. Are there other plants of the same kind nearby?  
yes no

Are they similarly affected? yes no

11. Have weed killers been used in the vicinity?

yes no what? \_\_\_\_\_

12. Has the plant been recently fertilized? yes no

13. Collector \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

14. P.O. Address

15. If we need further information to diagnose this sample who should we contact?

\_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

16. Collector's Comments

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

Send Sample to: Insect and Disease Laboratory, 48 Hospital Street, Augusta, ME 04330 Tel. (207) 287-2431  
Fax (207) 287-2432

\* Please send diseased herbaceous material to Dr. Bruce Watt, Pest Management Office, 491 College Ave.,  
University of Maine, Orono, ME 04469. Please send requests for tree or shrub identification to Dr. Lois  
Berg Stack, Deering Hall, University of Maine, Orono, ME 04469.

\*\* This map is important because it may be essential for us to visit the affected specimen on the site. Submitted  
portions of specimens, although symptomatic, do not always display the actual cause of damage.

\*\*\* Please package disease samples in poly bags