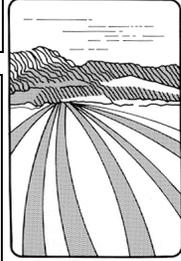


**OREGON DEPARTMENT OF AGRICULTURE
General Diagnostic Request Form**



Complete all 'Client' information. This information is needed to generate an ODA Customer Number so you can pay for the diagnostic service. General Diagnostic Request Forms with incomplete 'Client' information will be returned without diagnoses performed. Multiple samples may be submitted with one General Diagnostic Request Form; list the samples separately in the 'Host' field and number accordingly prior to submittal. Submit all samples to the Oregon Department of Agriculture Plant Health Program, 635 Capitol St NE, Salem, OR 97301. Samples are accepted Mon – Fri, from 8:00 AM to 5:00 PM. *Cannabis* samples must be submitted in person as the US Postal Service will not deliver such samples.

CUSTOMER/SUBMITTER NAME		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE		
FAX		
EMAIL		
CUSTOMER/SUBMITTER ATTENTION		
TELEPHONE		
EMAIL		
HOST PLANT (LATIN SCIENTIFIC NAME)		
PLANT COMMON NAME		ACRES
VARIETY		

DIAGNOSIS REQUESTED			
DISEASE	<input type="checkbox"/>	VIRUS	<input type="checkbox"/>
NEMATODE	<input type="checkbox"/>	INSECT	<input type="checkbox"/>
SOD	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
DATE COLLECTED			
LOCATION			
SYMPTOM DISTRIBUTION		SIZE OF AFFECTED PLANTS	
PERCENTAGE AFFECTED		AGE OF AFFECTED PLANTS	
WHEN WERE SYMPTOMS OBSERVED			
ENVIRONMENTAL CONDITIONS			
CHEMICAL HISTORY		TYPE	
APPLICATION RATE		DATES APPLIED	
SOIL TYPE		DRAINAGE	
TYPE OF IRRIGATION		IS THIS A CANNABIS SAMPLE? Yes No	
FIELD OBSERVATIONS AND SAMPLE DESCRIPTION			

Conditions upon Signature: By submitting this request, I agree to pay all fees associated with the diagnostic service provided. Fees shall be charged as described in OAR 603-052-1150.		ODA Date Stamp
SIGNATURE OF APPLICANT		OREGON DEPARTMENT OF AGRICULTURE PLANT HEALTH PROGRAM 635 CAPITOL ST NE SALEM OR 97301-2532
DATE		