Michigan State University Plant & Pest Diagnostics

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Lab Use Only
Case #
Date received:
Diagnostic fee:

Grower Information (Required) Submitter Address Address City/State/Zip _____ City/State/Zip _____ Phone _____ FAX _____ Phone ______ FAX _____ Email address* Email address* **Send results to** □ Submitter □ Grower *Results will be sent via email. To request a hard copy, please check here □ Disclaimer: If a pest or pathogen of regulatory concern is detected in your sample, MSU Plant & Pest Diagnostics is obligated to notify the appropriate regulatory officials (e.g., MDARD, USDA) as required by law. The background information you provide below enables a more efficient and accurate diagnosis. High-quality photos of the planting are highly encouraged and can be sent to pestid@msu.edu. ☐ Images will be emailed Blueberry cultivar Sampling location (county in Michigan) _____ Sample reference ____ Describe symptoms or injury _____ When did symptoms first appear? _____ Type of planting Prevalence Plant parts affected □ Field □ Garden ☐ Entire plant ☐ Flowers ☐ Entire planting ☐ Greenhouse ☐ Nursery □ Leaves □ Fruit ☐ Single area ____ Few scattered plants □ Other _____ □ Shoots □ Crown □ Other _____ □ Buds □ Roots Soil type Other background information □ Sandy □ Clay Age of plant _____ How many plants affected? _____ Planting date_____ How often watered? _____ □ Muck ☐ Silt loam □ Soilless media Height of plant _____ Sunny or shaded? Additional information, including chemical history – List fertilizer, herbicide, insecticide, fungicide, and PGR applications with dates and rates used.

Diagnostic fees will be covered by the Michigan Blueberry Commission

PLEASE CONTACT THE LAB FOR QUESTIONS ABOUT THIS FORM OR PROPER SAMPLE COLLECTION PROCEDURES