Department of Plant Pathology
Tifton campus

Sample Submission Form
Plant Molecular Diagnostic Lab

Mail samples to:
115 Coastal Way, Tifton, GA 31794
Phone: 229-386-3372
Email: a.jimenez@uga.edu
Website: https://site.caes.uga.edu/mdl

MDL use only
Sample # ____
Date received: ____
Date completed: ____
Diagnostic fee: ____
Payment method:

Submitter Information

Submitter name		**Check all that apply**
Address		☐ Commercial (Grower)
		☐ Consultant
Phone No.		☐ Homeowner
Email		☐ Golf Course
Client name (if different)		☐ UGA Research
Address		☐ UGA Extension
Phone No.		☐ Other (Please specify)

Sample Information

Crop:	Variety/cultivar:	Origin of sample (county/state):	
Collection date:	Previous crop:	**Production system**	
Planting date:	Irrigation type:	☐ Open field	☐ Greenhouse
Total Acreage:	Pesticide applied in last 3W ☐ Y ☐ N	☐ Conventional	☐ Organic
Date 1st symptoms noticed:		☐ Others (please specify)	
No. of plants affected:			

Symptoms (check all that apply)	☐ Wilting	☐ Dieback	☐ Yellowing	☐ Necrotic
	☐ Stunting	☐ Burn/scorch	☐ Leaf spot	☐ Other

Describe problem, symptoms, disease distribution, or other relevant information Please send digital images to a.jimenez@uga.edu

Send result to	**☐ Submitter** **☐ Client** **☐ Third party**	**Send result via**	**☐ E-mail** **☐ Fax** **☐ Mail**	**☐ Phone** **☐ Other (please specify)**

Target Pathogen Test Information

☐ Bacterium	☐ Virus	☐ Fungus	☐ Nematode	☐ Fungicide Resistance
				☐ in vitro ☐ molecular

Payment Information

Please make sure your payment is for the specific service requested. Results will be provided only upon payment receipt. Molecular test per sample is $60.00, or otherwise specified here. On-site testing charge will be determined on case-by-case basis. Please contact the MDL director for further information.

Payment made by	**Send invoice (E-mail/Fax) to**
☐Payable check to MDL	**☐ Submitter**
☐Credit/debit card	**☐ Client**
☐Other	**☐ 3rd. Party**

I hereby agree to pay fees for this service. I acknowledge that the accuracy of the disease diagnosis is dependent on the quality of samples with through background information. Poor sample quality with incomplete background information may lead to inaccurate or failure diagnosis.	**Signature** ____ **Printed name** ____ **Date** ____ *Signature is required for sample processing

TEST RESULTS (MDL staff only): **Observation:** ____
Test method: ____
Common name: ____ Scientific name: ____
☐ Undetected Date: ____ Signature ____

*For more details on sample submission instructions, please visit: https://site.caes.uga.edu/mdl