Forest Health Cooperative
Forest Health Dynamics Laboratory
3301 Forestry and Wildlife Sciences Building
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334-844-8037
https://fp.auburn.edu/ForestHealthCooperative/default.htm

Diagnostic Laboratory Use Only:

Date Received: _____

Received by: _____

Tree Disease Diagnostic Form

Please include ALL relevant data; maintain an office copy; submit original copy with specimen

Date Sample Collected: _____ Date Sample Shipped: _____ No. of Samples: _____

Sample Location - County, State: _____ Sample ID: _____

	Submitter Information	**Results Recipient** (If different than submitter)
Name:	_____	_____
Company:	_____	_____
Address:	_____	_____
City/Zip:	_____	_____
Phone No:	_____	_____
Fax No:	_____	_____
Email:	_____	_____

Tree and Site Information

Select ALL that apply

Tree Species:	___ Loblolly	___ Longleaf	___ Shortleaf	___ Slash	___ Other: _____
Site Location:	___ Forest	___ Nursery	___ Greenhouse		
Aspect:	___ N ___ NE	___ E ___ SE	___ S ___ SW	___ W ___ NW	
Slope %:	___ 0 - 5%	___ 5 - 10%	___ 10 - 15%	___ > 15%	
Soil Type:	___ Sand	___ Silt	___ Clay	___ Loam	
Age of Planting:	___ 0 - 10	___ 11 - 20	___ 21 - 30	___ 31 - 40	___ > 40
Foliage Symptoms:	___ Flagging	___ Thin	___ Wilted	___ Yellowed	___ Other: _____
Root Symptoms:	___ Insect Signs	___ Resinous	___ Rotted	___ Stained	___ Other: _____
Insect Attack:	___ BTB	___ Hylastes	___ Ips	___ SPB	___ Termites ___ Weevils
Insect Damage:	___ Boles	___ Branches	___ Foliage	___ Roots	
Stand Prevalence:	___ Entire	___ Localized	___ Scattered	___ % Affected	
Severity of Damage:	___ Low	___ Medium	___ High	___ Severe	
Recent Silviculture:	___ Fertilizer	___ Fire	___ Herbicide	___ Insecticide	___ Thin/Harvest

Problem Description: _____

_____

_____

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